

Before Starting the CoC Application

The CoC Consolidated Application is made up of three parts: the CoC Application, the Project Listing, and the Project Applications. The Collaborative Applicant is responsible for submitting two of these sections. In order for the CoC Consolidated Application to be considered complete, each of these two sections **REQUIRES SUBMISSION**:

- CoC Application
- Project Listing

Please Note:

- Review the FY2013 CoC Program NOFA in its entirety for specific application and program requirements.
- Use the CoC Application Detailed Instructions while completing the application in e-snaps. The detailed instructions are designed to assist applicants as they complete the application forms in e-snaps.
- As a reminder, CoCs are not able to import data from the 2012 application due to significant changes to the CoC Application questions. All parts of the application must be fully completed.
- All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the application.

For Detailed Instructions click [here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

1A-1 CoC Name and Number: VA-603 - Alexandria CoC

1A-2 Collaborative Applicant Name: City of Alexandria, a municipal corporation of Virginia

1A-3 CoC Designation: CA

1B. Continuum of Care (CoC) Operations

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

1B-1 How often does the CoC conduct meetings of the full CoC membership? Semi-Annually

1B-2 How often does the CoC invite new members to join the CoC through a publicly available invitation? Annually

1B-3 Does the CoC include membership of a homeless or formerly homeless person? Yes

1B-4 For members who are homeless or formerly homeless, what role do they play in the CoC membership? Outreach, Advisor, Volunteer, Organizational employee, Community Advocate
Select all that apply.

1B-5 Does the CoC's governance charter incorporate written policies and procedures for each of the following:

1B-5.1 Written agendas of CoC meetings?	Yes
1B-5.2 Centralized or Coordinated Assessment System?	Yes
1B-5.3 Process for Monitoring Outcomes of ESG Recipients?	Yes
1B-5.4 CoC policies and procedures?	Yes
1B-5.5 Written process for board selection?	Yes
1B-5.6 Code of conduct for board members that includes a recusal process?	Yes
1B-5.7 Written standards for administering assistance?	Yes

1C. Continuum of Care (CoC) Committees

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

1C-1 Provide information for up to five of the most active CoC-wide planning committees, subcommittees, and/or workgroups, including a brief description of the role and the frequency of meetings. Collaborative Applicants should only list committees, subcommittees and/or workgroups that are directly involved in CoC-wide planning, and not the regular delivery of services.

	Name of Group	Role of Group (limit 750 characters)	Meeting Frequency	Names of Individuals and/or Organizations Represented
1C-1.1	Housing Crisis Reponse Workgroup	The Housing Crisis Response Work Group (HCRW) meets monthly and is made up of members of various agencies within our CoC including management and frontline staff from the Homeless Services Assessment Center, shelter directors, Community Services Board staff and the HMIS Administrator. The purpose is to provide oversight for the provision of services and resources within the Housing Crisis Response System as well as to develop policies and procedures for its effective and efficient operation. The HCRW collects and analyzes data from each program to evaluate system efficacy in order to achieve desired outcomes.	Monthly	Alexandria Community Services Board; Carpenter's Shelter; Alexandria Community Shelter; City of Alexandria (Collaborative Applicant; CoC Lead and HMIS Lead)
1C-1.2	Gaps & Needs (Data Analysis) Workgroup	The Gaps & Needs Committee (Data Analysis) is responsible for developing a portfolio of homeless services provided within the community. The Committee uses the CoC's HMIS data to identify any gaps and unmet needs and works to resolve. The Committee is also responsible for assessing and reporting on the quality of the HMIS data and works closely with the HMIS Lead, HMIS Adhoc Committee, and data providers to ensure a high level of data accuracy and integrity. The Committee provides input and makes recommendations to the CoC on leveraging resources among new and existing programs/services and improving the quality and usefulness of the HMIS data.	Quarterly	Partnership for a Healthier Alexandria; City of Alexandria (Collaborative Applicant; CoC Lead and HMIS Lead) Carpenter's Shelter; Alexandria Community Shelter; Community Lodgings; Arlington-Alexandria Coalition for the Homeless; Housing Authority

1C-1.3	Collaborative Grant Committee	The Collaborative Grant Committee is responsible for the coordination and submission of the annual CoC collaborative grant and the State Collaborative Grant. The Committee is also charged with keeping a calendar of and the coordination of community and HUD action requirements such as project monitoring, publishing of public funding notices, grant due dates, LOCCS draw down scheduling, etc. Also, keeps the CoC abreast of HUD training webinars, regional training for grant applicants and recipients, and any changes in HUD or State grant applications. The Committee chair is the Collaborative Homeless Grant Administrator and serves on all CoC committees as liaison between committees, the CoC funders, and the CoC.	Quarterly	Alexandria CSB; City of Alexandria (Collaborative Application and CoC Lead); New Hope Housing, Inc.; Community Lodgings; Arlington-Alexandria Coalition for the Homeless; and Carpenter's Shelter
1C-1.4	Strategic Planning Committee	The Strategic Planning Committee develops the vision and strategies to prevent and end homelessness in the City of Alexandria. The Committee, made up of the chairs of the other CoC committees as well as other community stakeholders, monitors and reports progress in achieving objectives designed to move toward the goal of ending homelessness.	Quarterly	ALIVE, Inc.; Office of Housing; Alexandria CSB; Carpenter's Shelter; Housing Authority; Northern VA Affordable Housing Alliance; City of Alexandria (Collaborative Applicant); New Hope Housing, Inc.; Partnership for a Healthier Alexandria
1C-1.5	Membership Committee	The Membership Committee meets quarterly and consists of CoC members from various agencies, as appointed by the CoC's Governing Board. The function of this committee is to create The CoC's membership application; evaluate gaps in membership; solicit membership from individuals or agencies providing assistance to or having an interest in assisting persons experiencing homelessness within the City of Alexandria; engage members with low attendance; publicly invite new membership; ensure the application is available to the public on the CoC's website page; and provide an orientation to new members.	Quarterly	New Hope Housing, Inc., City of Alexandria Domestic Violence Program; City of Alexandria Office of Housing

**1C-2 Describe how the CoC considers the full range of opinions from individuals or organizations with knowledge of homelessness or an interest in preventing and ending homelessness in the geographic area when establishing the CoC-wide committees, subcommittees, and workgroups.
(limit 750 characters)**

The Alexandria CoC is named the Partnership to Prevent and End Homelessness in the City of Alexandria because the word “Partnership” is uniquely descriptive of CoC membership collaboration and process transparency. Meeting agenda items are invited from the membership which ensures relevant discussion. Committees are formed because of an observed need for information/organization in a specific area, such as service gaps and data integrity. Most committee members volunteer because they have an interest specific to that committee. In some cases individuals are asked to join a committee because they have knowledge and experience unique to the interests and mission of a committee.

1D. Continuum of Care (CoC) Project Review, Ranking, and Selection

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**1D-1 Describe the specific ranking and selection process the CoC uses to make decisions regarding project application review and selection, based on objective criteria. Written documentation of this process must be attached to the application along with evidence of making the information publicly available.
(limit 750 characters)**

Ranking process began in August with project review forms sent to project managers, monitoring teams selected, site review and interview forms sent to monitoring teams, and dates set for site visits. Completed monitoring packets were sent to project managers in Sept. and project review presentation made to the CoC Governing Board (GB) in Oct. A Ranking Committee had already been established and was present for the presentations. The monitoring packets, which include objective review, an additional objective review form, a ranking form, and a ranking summary including explanation of the tier1 and 2 process were provided to the Ranking Committee. Projects were submitted 1/3/14, ranking was completed 1/8/14 and submitted to the GB on 1/9/14.

**1D-2 Describe how the CoC reviews and ranks projects using periodically collected data reported by projects, conducts analysis to determine each project's effectiveness that results in participants rapid return to permanent housing, and takes into account the severity of barriers faced by project participants. Description should include the specific data elements and metrics that are reviewed to do this analysis.
(limit 1000 characters)**

Periodic project review consists of 3 elements: 1) monthly HMIS reports covering data standards and project outcomes, 2) oversight of the centralized intake and assessment process, and 3) coordination of periodic project reviews. As a result of attention to PH destination outcomes, maintaining/increasing income, bed/unit utilization, analysis of progress in lessening our gap (which is PH for CH individuals) the CoC has determined, through data analysis, that reallocating funding from 2 TH projects, one in 2012 and one in 2013, to create 10 new CH beds for individuals would best serve the goal of ending CH by 2015. Analysis of the best use of rapid rehousing funding began with strategic reallocation of non-CoC funds to projects previously funded by ESG. ESG funds were then dedicated to rapidly rehousing literally homeless households through the efficient use of the centralized intake and assessment system. Health, credit, and criminal background are the primary barriers to PH. Assessment determines whether placement can be made directly to PH or if TH is better preparation for PH.

**1D-3 Describe the extent in which the CoC is open to proposals from entities that have not previously received funds in prior Homeless Assistance Grants competitions.
(limit 750 characters)**

In the past 2 years, 2 grants have been successfully submitted through the Alexandria CoC by a nonprofit that had not previously submitted a project through our CoC, but has been awarded projects in other jurisdictions. Each year, the CoC sends a public notice and publishes a notice in the local newspaper announcing that the NOFA will be issued in coming months and inviting interested parties to contact the CoC membership committee. Several nonprofits, currently part of the CoC, have expressed interest in applying for funding and, in each case, experienced award recipients have instructed them in the competition process. None of these nonprofits have submitted projects because the mission of their agency did not fit HUD's funding preferences.

1D-4 On what date did the CoC post on its website all parts of the CoC Consolidated Application, including the Priority Listings with ranking information and notified project applicants and stakeholders the information was available? Written documentation of this notification process (e.g., evidence of the website where this information is published) must be attached to the application.

01/17/2014

1D-5 If there were changes made to the ranking after the date above, what date was the final ranking posted?

1D-6 Did the CoC attach the final GIW approved by HUD either during CoC Registration or, if applicable, during the 7-day grace period following the publication of the CoC Program NOFA without making changes?

Yes

**1D-6.1 If no, briefly describe each of the specific changes that were made to the GIW (without HUD approval) including any addition or removal of projects, revisions to line item amounts, etc. For any projects that were revised, added, or removed, identify the applicant name, project name, and grant number.
(limit 1000 characters)**

1D-7 Were there any written complaints received by the CoC in relation to project review, project selection, or other items related to 24 CFR 578.7 or 578.9 within the last 12 months? No

**1D-7.1 If yes, briefly describe the complaint(s), how it was resolved, and the date(s) in which it was resolved.
(limit 750 characters)**

1E. Continuum of Care (CoC) Housing Inventory

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

1E-1 Did the CoC submit the 2013 HIC data in Yes
the HDX by April 30, 2013?

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2A-1 Describe how the CoC ensures that the HMIS is administered in compliance with the CoC Program interim rule, conformance with the 2010 HMIS Data Standards and related HUD Notices. (limit 1000 characters)

The HMIS Lead employs an HMIS Administrator responsible for database management; and, as a member of the CoC Governing Board, is the CoC's point of contact for HMIS-related issues and stays informed, advises and regularly monitors the CoC's adherence to HUD guidance. Each Contributing HMIS Organizations (CHO) has a designated Agency Administrator who works closely with the HMIS Administrator to ensure agency level compliance. Current HMIS policies, procedures and governance are consistent with the CoC Program interim rule, the 2010 HMIS Data Standards and related HUD Notices, and are regularly reviewed and updated as needed to ensure timely implementation of new HUD guidance. Agency Administrators, responsible for regularly monitoring End User compliance with data, security, and technical standards, submit monthly data quality reports to the HMIS Administrator. Additionally, the HMIS Administrator conducts an annual monitoring visit and audit of each CHO. Each CHO also completes an annual HMIS self-assessment, which is reviewed during the monitoring visit to determine areas of needed improvement as well as an action plan for the accomplishment those improvements.

2A-2 Does the governance charter in place between the CoC and the HMIS Lead include the most current HMIS requirements and outline the roles and responsibilities of the CoC and the HMIS Lead? Yes
If yes, a copy must be attached.

**2A-3 For each of the following plans, describe the extent in which it has been developed by the HMIS Lead and the frequency in which the CoC has reviewed it: Privacy Plan, Security Plan, and Data Quality Plan.
(limit 1000 characters)**

The HMIS Privacy Plan, Security Plan and Data Quality Plan, were developed and publicized as part of the HMIS Policies and Procedures, which were originally put into effect January 1, 2012. As working documents, privacy, security and data policies are regularly reviewed and updated as needed, often in conjunction with the review and revision processes of other CoC policies and procedures (e.g., the Housing Crisis Response System). Each plan is reviewed at least quarterly and as frequently as monthly when needed. The CoC has ongoing discussions regarding data quality as the Gaps & Needs Committee assesses and modifies data quality benchmarks.

In accordance with HUD's strong recommendation that we do so, this CoC will wait until receiving further guidance before making changes to our system, including: 1) Hiring a security officer; 2) Finalizing the security plan; 3) Finalizing the implementation plan for security and technical standards; and 4) Finalizing the data quality plan.

2A-4 What is the name of the HMIS software selected by the CoC and the HMIS Lead? ServicePoint
Applicant will enter the HMIS software name (e.g., ABC Software).

2A-5 What is the name of the HMIS vendor? Bowman Systems LLC
Applicant will enter the name of the vendor (e.g., ESG Systems).

2A-6 Does the CoC plan to change the HMIS software within the next 18 months? No

2B. Homeless Management Information System (HMIS) Funding Sources

2B-1 Select the HMIS implementation coverage area: Single CoC

2B-2 Select the CoC(s) covered by the HMIS: VA-603 - Alexandria CoC
(select all that apply)

2B-3 In the chart below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.

2B-3.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	\$0
ESG	\$0
CDBG	\$0
HOME	\$0
HOPWA	\$0
Federal - HUD - Total Amount	\$0

2B-3.2 Funding Type: Other Federal

Funding Source	Funding
Department of Education	\$0
Department of Health and Human Services	\$0
Department of Labor	\$0
Department of Agriculture	\$0
Department of Veterans Affairs	\$0
Other Federal	\$0
Other Federal - Total Amount	\$0

2B-3.3 Funding Type: State and Local

Funding Source	Funding
City	\$131,709
County	\$0
State	\$0
State and Local - Total Amount	\$131,709

2B-3.4 Funding Type: Private

Funding Source	Funding
Individual	\$0
Organization	\$0
Private - Total Amount	\$0

2B-3.5 Funding Type: Other

Funding Source	Funding
Participation Fees	\$4,275
Other - Total Amount	\$4,275

2B-3.6 Total Budget for Operating Year	\$135,984
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2B-4 How was the HMIS Lead selected by the CoC? Agency Volunteered

**2B-4.1 If other, provide a description as to how the CoC selected the HMIS Lead.
(limit 750 characters)**

2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2C-1 Indicate the HMIS bed coverage rate (%) for each housing type within the CoC. If a particular housing type does not exist anywhere within the CoC, select "Housing type does not exist in CoC" from the drop-down menu:

* Emergency shelter	65-75%
* Safe Haven (SH) beds	86%+
* Transitional Housing (TH) beds	86%+
* Rapid Re-Housing (RRH) beds	86%+
* Permanent Supportive Housing (PSH) beds	86%+

2C-2 How often does the CoC review or assess its HMIS bed coverage? Monthly

**2C-3 If the bed coverage rate for any housing type is 64% or below, describe how the CoC plans to increase this percentage over the next 12 months.
(limit 1000 characters)**

**2C-4 If the Collaborative Applicant indicated that the bed coverage rate for any housing type was 64% or below in the FY2012 CoC Application, describe the specific steps the CoC has taken to increase this percentage.
(limit 750 characters)**

2D. Homeless Management Information System (HMIS) Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2D-1 For each housing type, indicate the average length of time project participants remain in housing. If a housing type does not exist in the CoC, enter "0".

Type of Housing	Average Length of Time in Housing
Emergency Shelter	77
Transitional Housing	11
Safe Haven	19
Permanent Supportive Housing	60
Rapid Re-housing	3

2D-2 Indicate the percentage of unduplicated client records with null or missing values on a day during the last 10 days of January 2013 for each Universal Data Element listed below.

Universal Data Element	Percentage
Name	0%
Social security number	0%
Date of birth	0%
Ethnicity	0%
Race	0%
Gender	0%
Veteran status	0%
Disabling condition	0%
Residence prior to program entry	0%
Zip Code of last permanent address	0%
Housing status	0%
Head of household	0%

2D-3 Describe the extent in which HMIS generated data is used to generate HUD required reports (e.g., APR, CAPER, etc.). (limit 1000 characters)

HMIS data is the source for federal, state and local reporting and is used to complete the following HUD reports:

- HUD Annual Performance Reports (APR)
- Annual Homeless Assessment Report to Congress (AHAR)
- Point-In-Time Count of the Homeless (PIT)
- Housing Inventory Chart (HIC)
- Consolidated Annual Performance and Evaluation Report (CAPER)

In addition HMIS data is used to generate the federal pass-through Emergency Solution Grant (ESG) as well as the Virginia state Homeless Solutions Grant (HSG) and Homeless Prevention Program (HPP).

To ensure data accuracy of HMIS each Contributing HMIS Organizations (CHO) completes and submits data quality reports to the HMIS Lead Administrator at least monthly.

2D-4 How frequently does the CoC review the data quality in the HMIS of program level data? Monthly

**2D-5 Describe the process through which the CoC works with the HMIS Lead to assess data quality. Include how the CoC and HMIS Lead collaborate, and how the CoC works with organizations that have data quality challenges.
(Limit 1000 characters)**

The CoC established a Gaps & Needs Committee, responsible for providing oversight to ensure HMIS data quality. The HMIS Lead System Administrator is a member of the Gaps & Needs Committee as well as the CoC Governing Board. The CoC, HMIS Lead and Gaps & Needs Committee develop and enforce a community data quality plan and standards. HMIS Participating Agency Administrators are responsible for monitoring compliance with data, security, and technical standards and submitting monthly data quality reports to the HMIS Lead. The HMIS Lead and Gaps & Needs Committee regularly review data quality reports on data entry completion and accuracy; compliance with applicable workflows, system protocols, timeliness, etc., and reports concerns, recommendations and acknowledgements to the CoC Governing Board. The HMIS Lead works with HMIS Participating Agencies to determine areas of needed improvement and develop an action plan to accomplish improvements, including but not limited to technical assistance and training.

2D-6 How frequently does the CoC review the data quality in the HMIS of client-level data? Monthly

2E. Homeless Management Information System (HMIS) Data Usage and Coordination

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2E-1 Indicate the frequency in which the CoC uses HMIS data for each of the following activities:

* Measuring the performance of participating housing and service providers	Quarterly
* Using data for program management	Monthly
* Integration of HMIS data with data from mainstream resources	Never
* Integration of HMIS data with other Federal programs (e.g., HHS, VA, etc.)	Never

2F. Homeless Management Information System (HMIS) Policies and Procedures

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2F-1 Does the CoC have a HMIS Policy and Procedures Manual? If yes, the HMIS Policy and Procedures Manual must be attached. Yes

2F-1.1 What page(s) of the HMIS Policy and Procedures Manual or governance charter includes the information regarding accuracy of capturing participant entry and exit dates in HMIS? (limit 250 characters)

Pages 6 of the HMIS Governance Charter details a 6 point quality assurance operating policy. Page 7 of the same document details participant expectations.

2F-2 Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organizations (CHOs)? Yes

2G. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2G-1 Indicate the date of the most recent sheltered point-in-time count (mm/dd/yyyy): 01/30/2013

2G-2 If the CoC conducted the sheltered point-in-time count outside of the last 10 days of January 2013, was an exception granted by HUD? Not Applicable

2G-3 Enter the date the CoC submitted the sheltered point-in-time count data in HDX: 04/18/2013

2G-4 Indicate the percentage of homeless service providers supplying sheltered point-in-time data:

Housing Type	Observation	Provider Shelter	Client Interview	HMIS
Emergency Shelters		100%		75%
Transitional Housing		100%		100%
Safe Havens		100%		100%

2G-5 Comparing the 2012 and 2013 sheltered point-in-time counts, indicate if there was an increase, decrease, or no change and then describe the reason(s) for the increase, decrease, or no change. (Limit 750 characters)

At 246, the 2013 sheltered count represents a 34% decrease from the 2012 count of 330. We attribute the decrease in the sheltered count, which makes up 89% of the total homeless population, in large part to the efforts of our Housing Crisis Response System (HCRS). The HCRS allows us to more efficiently and effectively assess the needs of persons seeking shelter and best utilize community resources by offering diversion services to reduce the number of households entering the shelter system. Other contributing factors include the CoC's prevention and rapid-re-housing efforts. For FY2012 and FY2013 the CoC received \$336,488 in Emergency Solutions Grant funding with a focus of Prevention and Rapid Re-Housing, which supplemented the existing resources and strengthened the continuum's efforts toward ending homelessness.

2H. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2H-1 Indicate the method(s) used to count sheltered homeless persons during the 2013 point-in-time count:**

Survey providers:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Extrapolation:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

**2H-2 If other, provide a detailed description.
(limit 750 characters)**

**2H-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population during the 2013 point-in-time count was accurate.
(limit 750 characters)**

The CoC conducted the 2013 Shelter Point-in-Time count through HMIS and Survey Providers.

1. HMIS – The CoC utilized an HMIS-generated report to conduct the sheltered count. This information was validated against Survey Providers (i.e., bed rosters and client lists) for accuracy of the data collected.

2. Survey Providers – Providers used bed rosters and client lists to verify the accuracy of the HMIS report count as well as to count persons located in the domestic violence program, the one non-HMIS participating.

To evaluate and ensure data integrity, this CoC used and compared both HMIS and bed rosters/client lists. All persons participating in the count were trained on methods of obtaining data, consistency in reporting, and the importance of the overall accuracy of the count as well as of entering data in HMIS.

2I. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count: Data Collection

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2I-1 Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:**

HMIS:	<input checked="" type="checkbox"/>
HMIS plus extrapolation:	<input type="checkbox"/>
Sample of PIT interviews plus extrapolation:	<input type="checkbox"/>
Sample strategy: (if Sample of PIT interviews plus extrapolation is selected)	
Provider expertise:	<input type="checkbox"/>
Interviews:	<input type="checkbox"/>
Non-HMIS client level information:	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>

**2I-2 If other, provide a detailed description.
(limit 750 characters)**

**2I-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population count during the 2013 point-in-time count was accurate.
(limit 750 characters)**

To evaluate and ensure data integrity, this CoC conducted the 2013 Sheltered Point-in-Time count by collecting data through HMIS and Non-HMIS Client Level Information. Training was provided on methods of obtaining data, consistency in reporting, and importance of the accuracy of entering data in HMIS.

1. Non-HMIS Client Level Information – Homeless Services Providers used individual client records including case files to collect subpopulation data for residents of the Domestic Violence Program, the only non-HMIS participating agency as well as to verify accuracy of HMIS data.

2. HMIS – The CoC used an HMIS-generated report to gather demographic and subpopulation data on sheltered persons residing in HMIS-participating agencies. This information was validated against Non-HMIS Client Information for accuracy of data.

2J. Continuum of Care (CoC) Sheltered Homeless Point-in-Time Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2J-1 Indicate the methods used to ensure the quality of the data collected during the sheltered point-in-time count:**

Training:	<input checked="" type="checkbox"/>
Follow-up	<input type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Non-HMIS de-duplication :	<input type="checkbox"/>
Other:	<input type="checkbox"/>

**2J-2 If other, provide a detailed description.
(limit 750 characters)**

**2J-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population count during the 2013 point-in-time count was accurate.
(limit 750 characters)**

This CoC used training and HMIS to ensure data quality for the 2013 Sheltered Point-In-Time Count.

1. Training – CoC Lead staff, HMIS Lead and service provider agency staff attended a regional Point-in-Time facilitator training. All persons conducting the count attended a two-hour training where they were provided detailed written instructions, a survey instrument, PowerPoint presentations, and guidance on efficiently and effectively collecting the data. HMIS end users were also trained on the HMIS-based survey instrument. The HMIS Administrator, who coordinates the collection of data, worked closely with lead program staff to assess, verify and consolidate the collected data.

2. HMIS – This CoC compared HMIS data with data collected from provider agencies for the 2013 Sheltered Count to verify and ensure data quality.

2K. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time (PIT) Count

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2K-1 Indicate the date of the most recent unsheltered point-in-time count: 01/30/2013

2K-2 If the CoC conducted the unsheltered point-in-time count outside of the last 10 days of January 2013, was an exception granted by HUD? Not Applicable

2K-3 Enter the date the CoC submitted the unsheltered point-in-time count data in HDX: 04/18/2013

2K-4 Comparing the 2013 unsheltered point-in-time count to the last unsheltered point-in-time count, indicate if there was an increase, decrease, or no change and describe the specific reason(s) for the increase, decrease, or no change. (limit 750 characters)

At 29, the 2013 unsheltered count is a 32% increase from 22 in 2012. The following are possible contributing factors:

1. There may have been cross-jurisdictional movement of unsheltered individuals from two neighboring urban jurisdictions easily accessible to the City of Alexandria.
2. Fewer individuals may have chosen to enter Winter Shelter.
3. Many of the unsheltered individuals are known to frequent the local jails, hospitals, and detox. Several unsheltered individuals may have been in one of these facilities in 2012.
4. During the 2012 count there were people hunkered down in places such as parking garages that were not accessible to enumerators.

2L. Continuum of Care (CoC) Unsheltered Point-in-Time Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2L-1 Indicate the methods used to count unsheltered homeless persons during the 2013 point-in-time count:**

Public places count:	<input checked="" type="checkbox"/>
Public places count with interviews on the night of the count:	<input checked="" type="checkbox"/>
Public places count with interviews at a later date:	<input type="checkbox"/>
Service-based count:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

**2L-2 If other, provide a detailed description.
(limit 750 characters)**

**2L-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the unsheltered homeless population during the 2013 point-in-time count was accurate.
(limit 750 characters)**

1. Public places count with interviews on the night of the count – All unsheltered homeless persons agreeing to it were interviewed to verify their homelessness and capture as much first-hand demographic and subpopulation data as possible.
2. Public places count – When persons were either physically inaccessible or were not agreeable to interviews, a count was made based on observation and persons were given unique identifiers.
3. Service-based count – To ensure the most accurate count and as part the broad canvassing of the area, on the night of the count and the morning after, this CoC interviewed people using non-shelter services including the breakfast program, dinner program, and the day shelter. Unsheltered homelessness was verified and as much demographic and subpopulation data was captured as possible.

2M. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time Count: Level of Coverage

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**2M-1 Indicate where the CoC located Complete Coverage
unsheltered homeless persons during the
2013 point-in-time count:**

**2M-2 If other, provide a detailed description.
(limit 750 characters)**

2N. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2N-1 Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2013 unsheltered population count:**

Training:	<input checked="" type="checkbox"/>
"Blitz" count:	<input type="checkbox"/>
Unique identifier:	<input checked="" type="checkbox"/>
Survey question:	<input checked="" type="checkbox"/>
Enumerator observation:	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>

**2N-2 If other, provide a detailed description.
(limit 750 characters)**

**2N-3 For each method selected, including other, describe how the method was used to reduce the occurrence of counting unsheltered homeless persons more than once during the 2013 point-in-time count. In order to receive credit for any selection, it must be described here.
(limit 750 characters)**

1. Training – Counters were trained to engage unsheltered persons and obtain as much demographic and subpopulation data as possible, priority given to Name, SSN, DOB.
2. Unique Identifier – Persons were assigned UIs (gender, first and last names and DOBs). In the absence of those, gender and physical descriptions were used.
3. Survey Questions – Counters used a survey, written instructions, and guidance on collecting data.
4. Enumerator Observation – When persons were physically inaccessible or not agreeable to interviews, and to verify data, Counters noted observations and physical descriptions.
5. Other – Alexandria is a small area, so most unsheltered homeless are known by Homeless Outreach. Homeless Outreach staff met with the HMIS Lead to de-duplicate the count and help identify persons for whom PPI was not collected.

3A. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 1: Increase Progress Towards Ending Chronic Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY 2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). The first goal in Opening Doors is to end chronic homelessness by 2015. Creating new dedicated permanent supportive housing beds is one way to increase progress towards ending homelessness for chronically homeless persons. Using data from Annual Performance Reports (APR), HMIS, and the 2013 housing inventory count, complete the table below.

3A-1.1 Objective 1: Increase Progress Towards Ending Chronic Homelessness

	Proposed in 2012 CoC Application	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-1.1a For each year, provide the total number of CoC-funded PSH beds not dedicated for use by the chronically homeless that are available for occupancy.		33	33	33
3A-1.1b For each year, provide the total number of PSH beds dedicated for use by the chronically homeless.	0	2	4	12
3A-1.1c Total number of PSH beds not dedicated to the chronically homeless that are made available through annual turnover.		3	5	7
3A-1d Indicate the percentage of the CoC-funded PSH beds not dedicated to the chronically homeless made available through annual turnover that will be prioritized for use by the chronically homeless over the course of the year.		100%	100%	100%
3A-1.1e How many new PSH beds dedicated to the chronically homeless will be created through reallocation?		8	0	0

3A-1.2 Describe the CoC's two year plan (2014-2015) to increase the number of permanent supportive housing beds available for chronically homeless persons and to meet the proposed numeric goals as indicated in the table above. Response should address the specific strategies and actions the CoC will take to achieve the goal of ending chronic homelessness by the end of 2015.

(limit 1000 characters)

In 2012, the CoC reallocated funding from an under-performing TH program to create 2 housing-first CH beds, in addition to creating 2 housing-first beds for CH singles through an awarded bonus point project. Both began operating in 2013 but 2 do not show on the HIC until 2014. The CoC is reallocating the funding from another TH project in 2013 to provide 8 more housing-first beds for CH individuals. The 2012 and 2013 competitions yielded 12 new CH PSH beds. The average number of CH singles over the past six yrs is 36%; with the new beds, our CH bed capacity is 30%, in keeping with the need. The CoC has consistently made progress toward meeting the needs of the CH population. All non-CH programs prioritize CH for beds vacated through natural turn over. The CoC proposed funding for ongoing subsidies from local resources to create movement from PSH.

3A-1.3 Identify by name the individual, organization, or committee that will be responsible for implementing the goals of increasing the number of permanent supportive housing beds for persons experiencing chronic homelessness.

(limit 1000 characters)

The Gaps and Needs and Collaborative Grant Committees function as monitors of data quality and analysis, housing, and service resources. Both the chair of the Collaborative Grant Committee, who is also the CoC Lead, and the HMIS lead serve on the Gaps & Needs Committee. The committees' goals are sharply focused on ensuring that HMIS data standards are met by all members of the CoC who provide homeless services. The CoC is aware that only through quality data can decisions be made concerning the allocation of existing resources and the pursuance of additional resources. In keeping with their mission, New Hope Housing and the CSB are committed to increasing the capacity to meet the need of the CH in our community. All CSB PSH programs prioritize beds to CH through natural turnover. NHH beds are CH beds. Strategic resource allocation will continue through 2014 and 2015 using alignment of resources with data-indicated need to provide additional CH beds if needed.

3A. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 2: Increase Housing Stability

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Achieving housing stability is critical for persons experiencing homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-2.1 Does the CoC have any non-HMIS projects for which an APR should have been submitted between October 1, 2012 and September 30, 2013? No

3A-2.2 Objective 2: Increase Housing Stability

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-2.2a Enter the total number of participants served by all CoC-funded permanent supportive housing projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013:	39	41	45
3A-2.2b Enter the total number of participants that remain in CoC-funded funded PSH projects at the end of the operating year PLUS the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination.	36	39	42
3A-2.2c Enter the percentage of participants in all CoC-funded projects that will achieve housing stability in an operating year.	92%	95%	93%

3A-2.3 Describe the CoC's two year plan (2014-2015) to improve the housing stability of project participants in CoC Program-funded permanent supportive housing projects, as measured by the number of participants remaining at the end of an operating year as well as the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit to 1000 characters)

The current rate of stability with the PSH projects is very high (92%) as a result of intensive case management services and participation in psycho-educational and psychiatric services, and the Out of Poverty program which leads to more rental stability. The agency applying for reallocated funds to provide 8 additional CH PSH beds has an excellent record. PSH participants are SMI; many do not have the financial capacity to move to PH without a subsidy. The CoC has been actively advocating with the local government officials to fund a local subsidy, and support the development of affordable housing. As a result, additional funding for rental subsidies has been proposed in alignment with the recently-approved Housing Master Plan. A Housing Permanency Committee, chaired by a member of the CoC, was formed last year and has already processed applications from singles currently living in CoC PSH projects to access their ability to move to more independent living.

3A-2.4 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of housing stability in CoC-funded projects. (limit 1000 characters)

The Collaborative Grant Committee, Gaps & Needs Committee, Strategic Planning Committee, and Advocacy Committee, will each have a part in promoting housing stability. The Collaborative Grant Committee will schedule project monitoring a minimum of twice during the year or more frequently if a project is losing participants to homelessness. Gaps & Needs will work closely with HMIS to ensure that data is correct and contributes to analysis of project health. The Strategic Planning Committee, which is made up of the chairs of all the CoC committees will monitor and report progress, or lack of progress, in achieving objectives designed to move toward the goal of ending homelessness. The Advocacy Committee will keep the CoC apprised of Federal, State, regional and local political issues and decisions that affect affordable housing so projects can take advantage of government initiatives that support housing stability.

3A. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 3: Increase project participants income

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Assisting project participants to increase income is one way to ensure housing stability and decrease the possibility of returning to homelessness. Using data from Annual Performance Reports (APR), complete the table below.

**3A-3.1 Number of adults who were in CoC- 85
funded projects as reported on APRs
submitted during the period between October
1, 2012 and September 30, 2013:**

3A-3.2 Objective 3: Increase project participants income

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-3.2a Enter the percentage of participants in all CoC-funded projects that increased their income from employment from entry date to program exit?	17%	25%	35%
3A-3.2b Enter the percentage of participants in all CoC-funded projects that increased their income from sources other than employment from entry date to program exit?	9%	15%	20%

3A-3.3 In the table below, provide the total number of adults that were in CoC-funded projects with each of the cash income sources identified below, as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013.

Cash Income Sources	Number of Participating Adults	Percentage of Total in 3A-3.1	
Earned Income	28	32.94	%
Unemployment Insurance	0		%
SSI	26	30.59	%

SSDI	20	23.53	%
Veteran's disability	0		%
Private disability insurance	0		%
Worker's compensation	0		%
TANF or equivalent	3	3.53	%
General Assistance	0		%
Retirement (Social Security)	2	2.35	%
Veteran's pension	2	2.35	%
Pension from former job	0		%
Child support	2	2.35	%
Alimony (Spousal support)	0		%
Other Source	2	2.35	%
No sources	9	10.59	%

**3A-3.4 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that increase their incomes from non-employment sources from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table (3A-3.2) above.
(limit 1000 characters)**

The State of Virginia created a web-based application system for State benefit programs. Case managers have been trained to access the application and benefit renewal process for participants. Project managers hold themselves accountable to ensure that each person's benefits have not lapsed, and that all potential benefits are accessed. Updated participation in the SOAR program is the primary addition to the case management; centralized intake and program staff uses SOAR to connect program participants with mainstream benefits. The State SOAR representative has been contacted; a new local SOAR coordinator identified. Participation across the CoC affiliated homeless services providers is being encouraged. SOAR training will take place as soon as it can be arranged. In addition, centralized intake staff will continue to help clients identify and begin to receive other sources of income for which they are eligible, such as child support or veterans pension benefits.

**3A-3.5 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that increase their incomes through employment from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above.
(limit 1000 characters)**

The CoC will assist clients needing entry level employment, as well as those currently underemployed to advance into higher paying positions. Clients will be assessed to determine employment readiness. Within 30 days of entry, a detailed employment development plan will be prepared. It will serve as a guide to the level of counseling and training interventions that will be made on the client's behalf during their time in the program. In cases where the client lacks prerequisite employment-related skills, JobLink, the City's One-Stop Employment Center, will serve as the lead agency in providing needed remedial support. Assigned JobLink personnel will guide adult clients through the process of preparing resumes, conducting job searches and establish networking relationships as needed. Follow-up competency assessments will be made at 90-day intervals to assess progress being made and to make adjustments regarding level and types of remedial services being provided.

3A-3.6 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of project participants in all CoC-funded projects that increase income from entry date to program exit. (limit 1000 characters)

Goal 3 of the Strategic Plan is "Increasing Economic and Health Security", including the strategy of enlisting the active support of Job Link, Alexandria's One Stop Employment Center, to develop strategies for persons experiencing or at greatest risk of homelessness. JobLink's director is a member of the CoC's Governing Board. Employment supports include job fairs, job training, bilingual services, resume and interview skills, and employment referrals. The City's Wellness Center, a mental health day program, employs an employment specialist responsible for working with MH clients, many from CoC-funded projects, to identify employment abilities and assist in finding suitable job placements. Projects also work with the Department of Aging and Rehabilitative Services to find suitable employment for project participants. The Gaps and Needs Committee will track employment benchmarks established by the Strategic Planning Committee.

3A. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 4: Increase the number of participants obtaining mainstream benefits

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Assisting project participants to obtain mainstream benefits is one way to ensure housing stability and decrease the possibility of returning to homelessness. Using data from Annual Performance Reports (APR), complete the table below.

**3A-4.1 Number of adults who were in CoC- 85
funded projects as reported on APRs
submitted during the period between October
1, 2012 and September 30, 2013.**

3A-4.2 Objective 4: Increase the number of participants obtaining mainstream benefits

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-4.2a Enter the percentage of participants in ALL CoC-funded projects that obtained non-cash mainstream benefits from entry date to program exit.	18%	25%	35%

3A-4.3 In the table below, provide the total number of adults that were in CoC-funded projects that obtained the non-cash mainstream benefits from entry date to program exit, as reported on APRs submitted during the period between October 1, 2013 and September 30, 2013.

Non-Cash Income Sources	Number of Participating Adults	Percentage of Total in 3A-4.1
Supplemental nutritional assistance program	6	7.06 %
MEDICAID health insurance	8	9.41 %
MEDICARE health insurance	6	7.06 %
State children's health insurance	0	%
WIC	0	%

VA medical services	2	2.35	%
TANF child care services	1	1.18	%
TANF transportation services	0		%
Other TANF-funded services	0		%
Temporary rental assistance	0		%
Section 8, public housing, rental assistance	1	1.18	%
Other Source	0		%
No sources	15	17.65	%

3A-4.4 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that access mainstream benefits from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit 1000 characters)

In 2013, the CoC is reallocating \$100,113 from an underperforming TH substance abuse program to a scattered-site housing-first 8 bed PH program for chronically homeless individuals. By housing and providing supportive services to 8 unsheltered chronically homeless individuals, we will be able to assist them in accessing and retaining mainstream benefits, which they have not be able to do on their own. The 2012 and 2013 APRs for the CoC's 12 bed Safe Haven program show high participation in mainstream programs. In 2013 83% of stayers received mainstream benefits and 100% of leavers exited receiving benefits. This level of success is expected to continue.

3A-4.5 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of project participants in all CoC-funded projects that that access non-cash mainstream benefits from entry date to program exit. (limit 1000 characters)

The Collaborative Grant Committee is responsible for monitoring project success in all areas, including access to non-cash mainstreams benefits from entry date to program exit. The reallocation project will be monitored a minimum of 3 times per year, as a new CH PH project. New Hope Housing, Inc., the recipient for that project, has an excellent record for assisting participants in accessing mainstream benefits. Case managers are well-versed in accessing non-cash mainstream services, including the use of the State's web-based benefit program access system, which includes non-cash benefits. The Safe Haven and TH family projects have excellent records for connecting participants to mainstream benefits; monitoring of those programs will increase to twice per year by the Collaborative Grant Committee. The Gaps & Needs Committee will act as the HMIS data oversight committee. HMIS reports are run monthly and changes in mainstream benefit status will be reported.

3A. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 5: Using Rapid Re-Housing as a method to reduce family homelessness

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Rapid re-housing is a proven effective housing model. Based on preliminary evidence, it is particularly effective for households with children. Using HMIS and Housing Inventory Count data, populate the table below.

3A-5.1 Objective 5: Using Rapid Re-housing as a method to reduce family homelessness.

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-5.1a Enter the total number of homeless households with children per year that are assisted through CoC-funded rapid re-housing projects.	0	0	5
3A-5.1b Enter the total number of homeless households with children per year that are assisted through ESG-funded rapid re-housing projects.	0	12	15
3A-5.1c Enter the total number of households with children that are assisted through rapid re-housing projects that do not receive McKinney-Vento funding.	0	10	10

3A-5.2 Describe the CoC's two year plan (2014-2015) to increase the number homeless households with children assisted through rapid re-housing projects that are funded through either McKinney-Vento funded programs (CoC Program, and Emergency Solutions Grants program) or non-McKinney-Vento funded sources (e.g., TANF). Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit 1000 characters)

The current CoC-funded transitional housing project will be amended to allow for rapid re-housing through rental assistance. The CoC's FY2014 Collaborative ESG application prioritized Rapid Re-Housing; 85% of the funding went to Rapid Re-Housing. For the FY2015-2016 State application, which includes both McKinney-Vento and non-McKinney-Vento funds, the CoC will continue to prioritize Rapid Re-Housing for families. The emergency shelters' Housing Permanency Committees meets, within 48 hours of intake, to access newly-entered families to determine a housing stabilization plan using CoC's standardized tool – Housing Need Assessment Tool, designed to determine the most appropriate housing type for households entering the shelter system. Every year the housing locators will increase the landlord partnerships by 20%. Rapid Re-Housing funds will be used to reduce the length of stay in shelters by 10%.

3A-5.3 Identify by name the individual, organization, or committee that will be responsible for increasing the number of households with children that are assisted through rapid re-housing in the CoC geographic area. (limit 1000 characters)

Arlington-Alexandria Coalition for the Homeless, the Carpenter's Shelter, and New Hope Housing are the agencies within the CoC responsible for administering the McKinney-Vento- funded rapid re-housing programs. Centralized Intake and Assessment is housed and staffed at Carpenter's Shelter. Families that cannot be diverted from homelessness enter the shelter system and are rapidly re-housed as quickly as possible. McKinney-Vento ESG funding will come through the State Collaborative Application and will be applied to community needs using the organizational resources listed in 5.2. The Collaborative Grant Committee will develop a monthly report including: # of households receiving funds, # receiving housing stabilization services, expenditures, exit location and expediency in identifying housing units.

3A-5.4 Describe the CoC's written policies and procedures for determining and prioritizing which eligible households will receive rapid re-housing assistance as well as the amount or percentage of rent that each program participant must pay, if applicable. (limit 1000 characters)

All homeless households are considered for the rapid rehousing program. The Housing Need and Barrier Assessment tools are completed as part of the intake into the shelter and are included in any application for the RRH program. The main eligibility requirements include documented homelessness and lack of financial resources and support networks. No minimum income is required and the amount of financial assistance is based on need. Case management services are provided to assist the family with increasing housing stability. Households must be recertified every 3 months; rapid rehousing assistance is limited to 24 months. Recertification requirements include: household income below 30% of AMI, lack of financial or support resources, no more than \$500 in all assets; and progress toward stabilization goals.

**3A-5.5 How often do RRH providers provide case management to households residing in projects funded under the CoC and ESG Programs?
(limit 1000 characters)**

Households accepted into the program and into a housing unit are transferred to a RRH case manager to support housing stability. Community agency referrals will already have been transferred to a RRH case manager. At least one transition meeting is held between the shelter case manager, the household, and the RRH case manager. The frequency of case management is customized by household need and included in the individual housing plan with a minimum of one face-to-face case management meeting per month to develop and chart progress on the Individual Housing Plan. Case management services are recorded in HMIS. The Individual Housing Plan is the roadmap for all case management activities.

**3A-5.6 Do the RRH providers routinely follow up with previously assisted households to ensure that they do not experience additional returns to homelessness within the first 12 months after assistance ends?
(limit 1000 characters)**

The CoC requires that community case managers establish rapport to encourage Rapidly Re-Housed households to seek support when needed, to maintain household stability. Community Case Managers provide support for families who have completed the RRH program. Frequency of the contact varies based on the stability of the household. Frequency of contact varies and is dependent on the stability of the household. After-care support services are made available at program exit and may include assistance with food, utilities, and maintaining mainstream benefits, for example.

3B. Continuum of Care (CoC) Discharge Planning: Foster Care

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3B-1.1 Is the discharge policy in place State Mandated Policy
mandated by the State, the CoC, or other?

3B-1.1a If other, please explain.
(limit 750 characters)

3B-1.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge.
(limit 1000 characters)

The Chief of Children and Family Services for the City of Alexandria Center for Families and Children is a member of the CoC and sits on the Governing Board. Foster Care Case Managers are part of the CoC Interagency Workgroup. A transitional living plan, created by Families and Children, includes discharge meetings beginning at age 14 and continuing annually until discharge from services and involves the youth's natural support system. At age 18, youth have a choice of remaining in school and with their foster parents or moving to an independent living situation. If they choose to remain in school, they can stay with their foster parents and receive services to age 21. The majority of discharged youth live in their own apartments or with relatives. Some do choose to reject services and go to a shelter. In those cases Centralized Assessment works with CoC members to quickly house them in either PH or TH with programs that will help them succeed in independent living.

3B-1.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.
(limit 1000 characters)

The City of Alexandria Department of Community and Human Services Center for Families and Children has oversight of the foster care system for the Alexandria CoC's jurisdiction. Both secondary and higher education system cooperate with planning and financial aid support. Youth support system includes schools, legal representatives, biological relatives, and foster parents. CoC member nonprofit organizations such as Community Lodgings, Carpenter's Shelter, Alexandria Community Shelter, and Centralized Assessment, which is a collaboration of CoC members, work to identify affordable housing for youth exiting care. Their collaboration becomes especially important when a young person 18 or older chooses to reject services and go to a shelter. In those cases, Centralized Assessment moves as quickly as possible to find PH, or if necessary, TH for youth. Community case management can continue to assist discharged youth for as long as necessary. Some youth reject all services except housing.

3B. Continuum of Care (CoC) Discharge Planning: Health Care

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3B-2.1 Is the discharge policy in place Other mandated by the State, the CoC, or other?

3B-2.1a If other, please explain. (limit 750 characters)

The CoC has met with INOVA Hospital System staff in an effort to coordinate services and establish a written policy. The CoC has been pursuing more active engagement of INOVA staff and recently received an application from an INOVA social worker. The INOVA case management department adheres to safe appropriate best practices discharge policies whether patients are discharged to home or to a community resource, such as a rehabilitation facility. Patients who were homeless at hospital entry or are at risk of homelessness are referred to Centralized Intake in an effort to find appropriate placement and divert them from the shelter. This is a cooperative effort and will be strengthened in the coming year.

3B-2.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge. (limit 1000 characters)

Members of the Alexandria Continuum of Care met with INOVA Systems and the Alexandria Hospital staff (also part of the CoC) on several occasions to develop a coordinated system to prevent patients (both short-term emergency department patients, as well as in-patients) from being discharged into homelessness, especially street homelessness. CoC homeless services staff and providers shadowed case managers at the hospital to observe operations; a survey was conducted with the hospital staff to determine the greatest areas of need in ensuring there is no discharge into homelessness. With a Centralized Intake Center a housing need assessment and plan can be coordinated with the patient and their health care provider to facilitate safe and effective discharge practices. The formalization of such practices is a CoC goal for the upcoming year.

3B-2.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness. (limit 1000 characters)

Alexandria CoC membership includes the Department of Community and Human Services (DCHS) and both community shelters. Centralized intake and assessment services, located at Carpenter's Shelter, is a cooperative effort between these three entities and includes the ability to provide rapid rehousing and homeless prevention and stabilization services. In addition DCHS includes foster care, child welfare services, domestic violence safe house services, mental health, substance abuse, and intellectual disability services, permanent supportive housing, and family assessment and planning teams. Removing the danger of discharge into homelessness for anyone being discharged from health care is a priority for all service providers.

3B. Continuum of Care (CoC) Discharge Planning: Mental Health

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3B-3.1 Is the discharge policy in place Other mandated by the State, the CoC, or other?

3B-3.1a If other, please explain. (limit 750 characters)

The Alexandria Community Services Board (ACSB) has created a Discharge Policy for the City of Alexandria. The Discharge Policy includes transfer and discharge meetings with the individual, their natural support network, the case manager who has been providing services and, if applicable, the case manager who will be picking up that individual for services. Those procedures are also in place in discharge planning for projects outside of the ACSB.

3B-3.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge. (limit 1000 characters)

The Community Services Board (CSB), as a member of the CoC, provides timely and effective community liaison and discharge planning services to all Alexandrians in State mental health and intellectual disability institutions to ensure that consumers are treated clinically in the least restrictive and most appropriate level of care. Designated staff comprehensively assess the anticipated community needs of institutionalized individuals as early as practicable in the client's institutional stay. In the hospital setting, the discharge planning process will begin at the time of admission, and include face-to-face meetings with the consumer and collaboration with the institutional treatment providers. Referrals to community resources, including CoC-funded housing is made in a timely fashion so placement can be arranged on release. The discharge planner will follow-up to ensure linkages to planned aftercare services are intact and any appropriate individualized services plans are initiated.

3B-3.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness. (limit 1000 characters)

Alexandria Department of Community and Human Services (includes staff/programs related to homeless prevention, rapid re-housing, family services and stabilization, child welfare and foster care services, Family Assessment and Planning Teams, Employment One Stop, Social Services benefits, mental health, substance abuse and intellectual disabilities, Community Services Board, permanent supportive housing, domestic violence and prevention, reentry programs for offenders, HMIS lead agency); local housing authority; Dept. of Police; Virginia Dept. of Corrections; Alexandria Jail; INOVA Health Systems and INOVA Alexandria Hospital; Friends of Guest House (for re-entering offenders); Community Lodgings, Inc.; ALIVE House; Carpenter's Shelter; Alexandria Community Shelter; Arlington-Alexandria Coalition for the Homeless; New Hope Housing; Christ House; KI Services; Offender Aid and Restoration; State mental health hospitals; Northern Virginia Regional Collaborative.

3B. Continuum of Care (CoC) Discharge Planning: Corrections

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3B-4.1 Is the discharge policy in place Other mandated by the State, the CoC, or other?

3B-4.1a If other, please explain. (limit 750 characters)

The Virginia Department of Corrections has policies in place regarding State inmates. Alexandria has a Re-Entry Council. The CoC is actively participating in the development of a re-entry protocol through member participation.

3B-4.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge. (limit 1000 characters)

Alexandria has a Re-Entry Council, made up of City and State staff from numerous disciplines, corrections officers, CoC members and homeless providers, and community stakeholders. Probation and Parole is a lead agency and listens to concerns and recommendations in the development of local discharge protocols. For discharge from State facilities, Virginia Department of Corrections (DOC) has written policy. Re-entry counselors guide offenders in developing home and employment plans and refer offenders to community resources, such as residential programs. Discharge plans may be arranged with a DOC-contracted residential facility. One such facility is represented on Alexandria's CoC. Locally, an Integrated Services Committee (ISC) has been formed. Currently, there are informal protocols in place for homeless releases. ISC participates on the CoC and explores housing alternatives as a home plan. Some re-entering offenders are placed in emergency shelter. Information is shared about availability of Rapid Re-housing resources.

3B-4.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness. (limit 1000 characters)

Alexandria Department of Community and Human Services (includes staff/programs related to homeless prevention, rapid re-housing, family services and stabilization, child welfare and foster care services, Family Assessment and Planning Teams, Employment One Stop, Social Services benefits, mental health, substance abuse and intellectual disabilities, Community Services Board, permanent supportive housing, domestic violence and prevention, reentry programs for offenders, HMIS lead agency); local housing authority; Dept. of Police; Virginia Dept. of Corrections; Alexandria Jail; INOVA Health Systems and INOVA Alexandria Hospital; Friends of Guest House (for re-entering offenders); Community Lodgings, Inc.; ALIVE House; Carpenter's Shelter; Alexandria Community Shelter; Arlington-Alexandria Coalition for the Homeless; New Hope Housing; Christ House; KI Services; Offender Aid and Restoration; State mental health hospitals; Northern Virginia Regional Collaborative.

3C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3C-1 Does the Consolidated Plan for the jurisdiction(s) within the CoC's geography include the CoC's strategic plan goals for addressing and ending homelessness? Yes

3C-1.1 If yes, list the goals in the CoC strategic plan. (limit 1000 characters)

- Goal 1. Increase Leadership, Collaboration, and Civic Engagement
- Goal 2. Increase Access to Stable and Affordable Housing
- Goal 3. Increase Economic and Health Security
- Goal 4. Retool the Homeless Crisis Response System

3C-2 Describe the extent in which the CoC consults with State and local government Emergency Solutions Grants (ESG) program recipients within the CoC's geographic area on the plan for allocating ESG program funds and reporting on and evaluating the performance of ESG program recipients and subrecipients. (limit 1000 characters)

The CoC was awarded funds as a sub-recipient in the State's FY2014 Collaborative ESG competition. In line with the community need, it was decided that the CoC would apply for Prevention and Rapid Re-housing (RRH) funding. Two shelter providers were selected for RRH funds based on increased consumer accessibility and efficiency of the program to rapidly re-house, their comprehensive knowledge of the households, and the alignment with the CoC's strategic plan goals. Prevention funding was allocated to the City of Alexandria as a result of years of experience with successful program outcomes. Each agency submitted a description of their proposed funding utilization based on ESG's goals, including: an increase in the % of households in PH; reduction of the length of shelter stays; and reduction in recidivism. Recipients are required to report progress and program challenges to the CoC Governing Board and the Housing Crisis Response Workgroup, on an bi-annual basis.

3C-3 Describe the extent in which ESG funds are used to provide rapid re-housing and homelessness prevention. Description must include the percentage of funds being allocated to both activities. (limit 1000 characters)

After ARRA-HPRP funds ended in 2011, the CoC continued to see a demonstrated need for rapid rehousing (RRH) resources. For 2012, VA Dept. of Housing and Community Development encouraged RRH as an activity in their competition. The CoC reallocated much of its ESG funding from shelter operations to RRH activities (21% prevention; 35% RRH; 44% shelter operations). In the 2013 ESG competition, a CoC collaborative application was submitted. Three CoC agencies submitted projects – two for RRH and one for Prevention. The CoC was awarded \$352,976 (85% allocated to rapid-rehousing and 15% to homeless prevention). Prevention was limited to 15% of the allocation as there were other local and state funds dedicated for prevention. The ESG sub-recipients report out to the Governing Board of the CoC bi-annually regarding project outcomes, expenditures and challenges. DHCD monitors performance and conducts annual site visits and financial audits.

3C-4 Describe the CoC's efforts to reduce the number of individuals and families who become homeless within the CoC's entire geographic area. (limit 1000 characters)

Prevention has proven to be the most cost-effective method of reducing numbers of households becoming homeless. Households seeking homeless services from the CoC's centralized intake are assessed as to their ability to remain housed by identifying immediate alternative housing and/or services needed to maintain current housing. When diversion services are appropriate and the household requires ongoing assistance, the CoC's prevention assistance programs are initiated. The housing stabilization process begins, addressing the crisis and longer term housing stability. All CoC prevention funds are administered by one agency to allow for best coordination and use of ESG, State and local funds. High cost of housing results in increased need for prevention. The Consolidated Plan/Analyses of Impediments includes the State restrictions on mandatory developer contributions to affordable housing; tools and strategies were recommended by a task force, including CoC members.

3C-5 Describe how the CoC coordinates with other Federal, State, local, private and other entities serving the homeless and those at risk of homelessness in the planning and operation of projects. (limit 1000 characters)

The City of Alexandria is a small active community which allows for collaboration among Federal, State and local entities to meet the needs of the most vulnerable populations. Agencies represented on the Governing Board of our CoC include child and welfare services, federal benefits, including TANF, child care, SNAP, Medicaid, utility programs, housing programs, non-housing developers, aging services, faith community, medical and mental health providers, and ex-offender services. The CoC focuses on the development of various strategic plans in the community to ensure the needs of the homeless are included in those plans, and that services are coordinated, as a strategy in the CoC's Strategic Plan. Currently we have collaborative agreements with organizations to prioritize homeless persons for services and housing, including child care, affordable housing, dental services and Head Start.

3C-6 Describe the extent in which the PHA(s) within the CoC's geographic area are engaged in the CoC efforts to prevent and end homelessness. (limit 1000 characters)

PHA staff sit on the CoC Governing Board and were involved, along with other CoC members, in the development of the Alexandria Housing Master Plan to ensure the housing needs of homeless households were addressed. The PHA member participates on the Strategic Planning Committee, the Gaps and Needs Committee and the Project Ranking Committee. Although many of the dedicated housing choice vouchers for homeless families are currently unfunded, the PHA has included a homeless preference for their waiting list. The PHA staff is available to address any particular needs, policy clarifications and updates, available programs, changes to their housing plans. The PHA has identified several strategies as recommended by HUD to facilitate more collaboration with CoC partners including creation of an eviction prevention program, streamlined application processes, and meeting quarterly to advance initiatives.

3C-7 Describe the CoC's plan to assess the barriers to entry present in projects funded through the CoC Program as well as ESG (e.g. income eligibility requirements, lengthy period of clean time, background checks, credit checks, etc.), and how the CoC plans to remove those barriers. (limit 1000 characters)

The CoC's Housing Crisis Response Workgroup meets monthly to review access to homeless services, identify barriers and develop policies to reduce/eliminate barriers. With the implementation of centralized intake, CoC standardized processes for access have been established to ensure objective entry to services. Priorities have been established based on the CoC's Strategic Plan and the community need. An example of an eliminated barrier is the practice of banning persons for unspecified amounts of time for random infractions. Suspensions are now behaviorally-based, and are standardized across all emergency shelters. The ESG programs do not require background checks, credit checks or income eligibility requirements exceeding what HUD requires.

3C-8 Describe the extent in which the CoC and its permanent supportive housing recipients have adopted a housing first approach. (limit 1000 characters)

The CoC provides PSH for chronically homeless individuals in the City of Alexandria. The housing first approach is currently utilized in 12% of PSH, and 100% of the Safe Haven, as it is believed that housing is a basic human right. The CoC is in the process of implementing housing first; with the reallocation, 27% of PSH will be housing first, doubling the number of CH persons served. Once the chaos of homelessness is eliminated from a person's life, clinical and social stabilization may occur faster and be more enduring. The CoC's housing first approach moves clients into housing directly from streets and shelters without preconditions of treatment acceptance or compliance. Support services are offered to the persons in housing and are predicated on engagement. A client's continued tenancy is not dependent on participation in services. The PSH projects target the most disabled and vulnerable homeless members of the community.

3C-9 Describe how the CoC's centralized or coordinated assessment system is used to ensure the homeless are placed in the appropriate housing and provided appropriate services based on their level of need. (limit 1000 characters)

In September 2012, the City of Alexandria CoC created the centralized intake within the Housing Crisis Response System to streamline the intake process, efficiently assess the needs of persons seeking shelter, offer diversion services, improve utilization of community resources and reduce the number of households entering the sheltering system. The tools used by centralized intake include: Eligibility Screening, Housing Need and Barrier Assessment; Needs and Intake Assessments to determine persons' needs and initiate a housing stabilization plan. By the end of FY2014, the CoC's goal is to include all transitional housing providers, safe haven, permanent supportive housing, community case management, rapid rehousing and seasonal shelter. There are two coordinated points of entry for HSAC: one for singles, one for families, and accessible walk-in or phone. The contact information is advertised through 211, the City and non-profit websites, and included in community outreach pamphlets.

3C-10 Describe the procedures used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to request housing or services in the absence of special outreach. (limit 1000 characters)

According to the 2013 PIT count, 11% of homeless persons reside on the street. In analyzing the data including a review of the subpopulations, the CoC determined that this population is the most underserved. The hardest to serve are those who are very ill and fear the stigma of engagement with treatment. The CoC employs one full-time PATH worker, whose role is to provide continuous outreach to individuals experiencing homelessness without shelter. The PATH worker attempts to engage individuals in treatment and social services regardless of one's race, national origin, religion, sex, age, familial status. The PATH worker is tasked with prioritizing outreach to unsheltered individuals with disabling mental health, substance misuse, and co-occurring disorders. The PATH worker supports unsheltered individuals with scheduling and keeping appointments with the centralized intake for shelter. The PATH worker also refers unsheltered individuals to the Safe Haven, and winter and day shelters.

3C-11 Describe the established policies that are currently in place that require all homeless service providers to ensure all children are enrolled in early childhood education programs or in school, as appropriate, and connected to appropriate services within the community. (limit 1000 characters)

The CoC's centralized intake is usually the first point of contact for families seeking homeless services; educational needs of children are assessed. Families are given the Homeless Education: What Parents Need to Know booklet, developed in collaboration with the CoC, containing information about policies and procedures, as well as their rights pertaining to education per McKinney-Vento Act; how Alexandria Public Schools (ACPS) meets their educational needs; and resource information about housing, child care and medical resources. In addition, at HSAC the parents are linked with the ACPS Homeless Liaison. The Collaborative Applicant (CA) meets monthly with the liaison to discuss resources, collaborations, and challenges. At the shelter level, case managers are required to ensure all children are enrolled in school, head start or child care, as appropriate. The homeless family services specialist meets with shelter case managers to ensure compliance with CoC's educational policies.

3C-12 Describe the steps the CoC, working with homeless assistance providers, is taking to collaborate with local education authorities to ensure individuals and families who become or remain homeless are informed of their eligibility for McKinney-Vento educational services. (limit 1000 characters)

The CoC, with the Alexandria Public Schools Homeless Liaison, ensures school-age children receive the services per the McKinney-Vento (MV) Act. Homeless assistance providers partner with the liaison to ensure that students' home schools are compliant with MV regulations. The shelter providers contact the school liaison to ensure transportation, arrange tutoring services and schedule progress meetings. The school liaison attends case management mtgs at the shelters to align education services with the needs of school-aged children. There is reciprocal communication between the centralized intake and the educational liaison. The City's Chief of Child Welfare Services is on the CoC Governing Board and the City-School Collaborative Committee to develop policies related to homeless challenges for youth. The CoC's Strategic Plan includes: Work with Alexandria City Public School system to provide supportive services to youth who are experiencing homelessness or at risk of becoming homeless.

3C-13 Describe how the CoC collaborates, or will collaborate, with emergency shelters, transitional housing, and permanent housing providers to ensure families with children under the age of 18 are not denied admission or separated when entering shelter or housing. (limit 1000 characters)

Maintaining family unity is a priority when homeless households with children under the age of 18 enters shelters or housing. To this end, all Alexandria CoC programs do not deny admission of eligible families with a child under the age of 18 years of age, whether funded with CoC or ESG funding or not. In addition, families are never separated and are accepted as they present at centralized intake. In the Centralized Intake Standard Operating Procedures, a family is defined as a household consisting of one or more adults and children under the age of 18. Those households remain intact upon sheltering. The Housing Crisis Response Workgroup provides oversight to the centralized intake to ensure compliance with the policy that families are not separated on entering the shelter or during their stay at the shelter.

**3C-14 What methods does the CoC utilize to monitor returns to homelessness by persons, including, families who exited rapid re-housing? Include the processes the CoC has in place to ensure minimal returns to homelessness.
(limit 1000 characters)**

The Alexandria CoC utilizes HMIS to monitor and record episodes of homelessness by program participants who exit emergency shelter, rapid re-housing, transitional housing and permanent supportive housing (PSH) programs. Community case management and follow-up are provided to person's exiting these programs for up to 12 months to ensure housing stability. In the event that a household returns to seek shelter services at centralized intake, staff conducts a team meeting to strategize ways to stabilize the household in the community. CoC strategies to prevent return to shelter are financial assistance and case management services to stabilize the family whenever possible. Information will be recorded in HMIS as to the household's destination.

3C-15 Does the CoC intend for any of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes?

No

**3C-15.1 If yes, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan.
(limit 1000 characters)**

3C-16 Has the project been impacted by a major disaster, as declared by President Obama under Title IV of the Robert T. Stafford Act in the 12 months prior to the opening of the FY 2013 CoC Program Competition?

No

**3C-16.1 If 'Yes', describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD.
(limit 1500 characters)**

3D. Continuum of Care (CoC) Coordination with Strategic Plan Goals

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In 2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP).

**3D-1 Describe how the CoC is incorporating the goals of Opening Doors in local plans established to prevent and end homelessness and the extent in which the CoC is on target to meet these goals.
(limit 1000 characters)**

Goal 1 of the Strategic Plan to Prevent and End Homelessness in the City of Alexandria is to Increase Leadership, Collaboration, and Civic Engagement. Over the past 3 years the City of Alexandria has completed a Housing Master Plan which, largely due to participation and advocacy by the CoC, includes plans for creation of affordable housing. In addition, members of the the CoC met with the City Manager to encourage local political will favoring the creation of affordable housing and locally supported housing subsidies. As a result of that effort, an increase in rent relief funding has been included in the draft City budget. Increased rent relief resources will enable current participants in CoC-funded housing, all of whom are SMI and most receiving mainstream benefits, to move to independent permanent housing with a rent relief subsidy. In 2013 collaborative efforts between the City and 2 nonprofit emergency shelters enabled efficient use of RRH funding.

**3D-2 Describe the CoC's current efforts, including the outreach plan, to end homelessness among households with dependent children.
(limit 750 characters)**

CoC goals 2 & 3 focus on stability and economic health. Two CoC-funded projects target homeless households with dependent children, one of which includes 3 family PSH units and requires a MH diagnosis. The second is a 10-family TH (transition-in-place) project, ranked #1 by the CoC ranking committee. Through building relationships with local landlords, these families are able to find units where they can transition in place and move from their home at project end only if they choose to. Both prevention and RRH are also used to retain or place families in PH. Referrals to both programs, plus referrals to non-CoC funded CoC member programs come through centralized intake and referrals. Shelter and street outreach staff cooperate to quickly house families.

**3D-3 Describe the CoC's current efforts to address the needs of victims of domestic violence, including their families. Response should include a description of services and safe housing from all funding sources that are available within the CoC to serve this population.
(limit 1000 characters)**

The Domestic Violence Program, as part of the CoC, provides direct crisis services 24 hours a day to women and men in crisis domestic violence situations, as well as prevention services. The Program operates a secure safe house for domestic violence victims, providing emergency housing, food, transportation and supportive counseling for women and their children who have been abused, or threatened with abuse. In FY2013, 67 women and 59 children, representing 14 countries of origin, were sheltered. Referrals to services in the City of Alexandria include: Rapid Re-housing; mainstream benefit programs and child care; JobLink for employment assistance; Legal Services for criminal and/or civil court matters; MH and/or SA services; transitional housing programs, as appropriate; and many non-profit social service agencies which assist with rental deposits, food, clothing, transportation and funds for medical prescriptions.

**3D-4 Describe the CoC's current efforts to address homelessness for unaccompanied youth. Response should include a description of services and housing from all funding sources that are available within the CoC to address homelessness for this subpopulation. Indicate whether or not the resources are available for all youth or are specific to youth between the ages of 16-17 or 18-24.
(limit 1000 characters)**

Unaccompanied youth are often identified by schools or outreach staff. All unaccompanied youth programs are covered by City of Alexandria Child Protective Services programs. No one under the age of 18 is placed in a shelter. CPS's first response is to attempt to reunite the child with their family. If this is not possible or not safe for the child, then foster care placement is secured. An individual goal based service plan is developed for each youth in care. Any child entering the system at 14 or older will have a transition to independent living meeting annually to assess how they are progressing in their ability to care for themselves and sustain permanent housing. Assistance proceeds with independent living skills training, education and employment, building of a natural support system, housing and individual goal achievement. Support can be ongoing until the age of 21. Due to funding, no jurisdiction in Virginia keeps youth in services past the age of 21.

**3D-5 Describe the efforts, including the outreach plan, to identify and engage persons who routinely sleep on the streets or in other places not meant for human habitation.
(limit 750 characters)**

The CoC's Strategic Plan Goal 4: Retooling the Homeless Crisis Response System, Objective 1: Transform homeless services to crisis response systems that prevent homelessness and rapidly return people who experience homelessness to stable housing speaks to services provided by homeless outreach staff. The outreach worker coordinates services with a shelter if the individual is willing to go to a shelter. If not, the outreach worker provides the individual with access to food, blankets, warm clothing, and information about hypothermia and day shelter services. Attempts to engage in services continue. Outreach services are through the Alexandria Department of Community and Human services, which is the Collaborative Applicant for the CoC.

**3D-6 Describe the CoC's current efforts to combat homelessness among veterans, particularly those are ineligible for homeless assistance and housing through the Department of Veterans Affairs programs (i.e., HUD-VASH, SSVF and Grant Per Diem). Response should include a description of services and housing from all funding sources that exist to address homelessness among veterans.
(limit 1000 characters)**

Based on the need demonstrated in the City of Alexandria, the CoC has no programs that specifically target veterans, as they comprised 5% of the 2013 Point in Time count, a decrease of 3% from the prior year. Veterans do, however, receive priority in obtaining services. Centralized Intake prioritizes veterans for housing services through a weighted scoring system. Veterans issued VASH vouchers from neighboring jurisdictions (no VASH vouchers were issued to Alexandria), were provided financial assistance for the Alexandria CoC to secure housing in Alexandria. The Director of the Virginia Wounded Warrior Program is a member of our CoC and has provided guest speakers to educate CoC member agencies about the benefits available to veterans. In addition, one of the Crisis Intervention Team police officers, a group of police officers who have received specialized training in encountering mentally ill individuals, is a veteran and has focused on identifying street homeless veterans and connecting them with services. This individual is member of the CoC.

3E. Reallocation

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3E-1 Is the CoC reallocating funds from one or more eligible expiring grant(s) into one or more new permanent supportive housing projects dedicated to chronically homeless persons? Yes

3E-2 Is the CoC reallocating funds from one or more eligible expiring grant(s) into one or more new rapid re-housing project for families? No

**3E-2.1 If the CoC is planning to reallocate funds to create one or more new rapid re-housing project for families, describe how the CoC is already addressing chronic homelessness through other means and why the need to create new rapid re-housing for families is of greater need than creating new permanent supportive housing for chronically homeless persons.
(limit 1000 characters)**

3E-3 If the CoC responded 'Yes' to either of the questions above, has the recipient of the eligible renewing project being reallocated been notified? Yes

3F. Reallocation - Grant(s) Eliminated

CoCs planning to reallocate into new permanent supportive housing projects for chronically homeless individuals may do so by reducing one or more expiring eligible renewal projects. CoCs that are eliminating projects entirely must identify those projects.

Amount Available for New Project: (Sum of All Eliminated Projects)				
\$100,113				
Eliminated Project Name	Grant Number Eliminated	Component Type	Annual Renewal Amount	Type of Reallocation
Windsor Ave Men's...	VA0126L3G031205	TH	\$100,113	Regular

3F. Reallocation - Grant(s) Eliminated Details

3F-1 Complete each of the fields below for each grant that is being eliminated during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Eliminated Project Name: Windsor Ave Men's Recovery Home

Grant Number of Eliminated Project: VA0126L3G031205

Eliminated Project Component Type: TH

Eliminated Project Annual Renewal Amount: \$100,113

**3F-2 Describe how the CoC determined that this project should be eliminated.
(limit 750 characters)**

The CoC recognizes that our gap is PH for CH individuals and that the ARD is a finite amount. In reviewing existing projects, it was decided that the participants in the eliminated project could be served in other non-CoC funded programs and the CoC funding could be reallocated to provide additional PH for CH individuals. It became a matter of planned alternative uses of funding to align with Federal and local strategic planning.

3G. Reallocation - Grant(s) Reduced

CoCs that choose to reallocate funds into new rapid rehousing or new permanent supportive housing for chronically homeless persons may do so by reducing the grant amount for one or more eligible expiring renewal projects.

Amount Available for New Project (Sum of All Reduced Projects)					
Reduced Project Name	Reduced Grant Number	Annual Renewal Amount	Amount Retained	Amount available for new project	Reallocation Type
This list contains no items					

3H. Reallocation - New Project(s)

CoCs must identify the new project(s) it plans to create and provide the requested information for each project.

Sum of All New Reallocated Project Requests
(Must be less than or equal to total amount(s) eliminated and/or reduced)

\$100,113

Current Priority #	New Project Name	Component Type	Transferred Amount	Reallocation Type
3	Alexandria H...	PH	\$100,113	Regular

3H. Reallocation - New Project(s) Details

3H-1 Complete each of the fields below for each new project created through reallocation in the FY2013 CoC Program Competition. CoCs can only reallocate funds to new permanent housing—either permanent supportive housing for the chronically homeless or rapid re-housing for homeless households with children.

FY2013 Rank (from Project Listing): 3

Proposed New Project Name: Alexandria Housing First II

Component Type: PH

Amount Requested for New Project: \$100,113

3I. Reallocation: Balance Summary

3I-1 Below is the summary of the information entered on forms 3D-3H. and the last field, "Remaining Reallocation Balance" should equal "0." If there is a balance remaining, this means that more funds are being eliminated or reduced than the new project(s) requested. CoCs cannot create a new reallocated project for an amount that is greater than the total amount of reallocated funds available for new projects.

Reallocation Chart: Reallocation Balance Summary

Reallocated funds available for new project(s):	\$100,113
Amount requested for new project(s):	\$100,113
Remaining Reallocation Balance:	\$0

4A. Continuum of Care (CoC) Project Performance

Instructions

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

4A-1 How does the CoC monitor the performance of its recipients on HUD-established performance goals? (limit 1000 characters)

The Collaborative Grant Committee is responsible for monitoring program success in all areas. The reallocation project that will create 8 new CH beds for individuals will be monitored a minimum of 3 times through the year. New Hope Housing, Inc, the recipient for that project has an excellent record for both assisting participants with accessing mainstream benefits. Their case manager is well versed in the process necessary for accessing non-cash mainstream services. There is one Safe Haven and one TH family project. Both have excellent records for connecting participants to mainstream benefits. Those programs will be monitored a minimum of twice during the year by the Collaborative Grant Committee. The Gaps & Needs Committee will also play a role as the HMIS data oversight committee. HMIS reports are run monthly and changes in mainstream benefit status will be reported.

4A-2 How does the CoC assist project recipients to reach HUD-established performance goals? (limit 1000 characters)

The CoC's Collaborative Grant Committee reviews the projects' progress, using HMIS data, toward reaching HUD-established performance goals. The committee meets with the project leads to provide technical assistance and feedback on the progress. During the past year, strategies and processes were implemented to prioritize chronic homeless beds, increase participants' housing stability and income, and increase access to mainstream benefits. CommonHelp, Virginia's web-based benefits access system and information on the Affordable Care Act were presented to the CoC project leads.

4A-3 How does the CoC assist recipients that are underperforming to increase capacity? (limit 1000 characters)

The Collaborative Grant, the Gaps & Needs Committees, and the Governing Board evaluate all projects. When it has been determined that a project is underperforming in meeting the HUD-established performance goals and/or CoC objectives, the CoC contacts the project lead to discuss corrective action, followed by written correspondence detailing the CoC expectations and follow-up. During the past two years, an underperforming transitional housing project was identified. The CoC provided technical assistance to allow for increased capacity and performance. It was determined that to best meet the gaps and needs of the community, the project would be reallocated to PSH, where it is anticipated the outcomes will meet HUD and CoC-established performance goals.

**4A-4 What steps has the CoC taken to reduce the length of time individuals and families remain homeless?
(limit 1000 characters)**

At entry into the CoC's homeless system, individuals/families are informed of the goal to quickly rehouse them in the community. They are immediately assessed to determine their housing barriers and need, and linked with mainstream services and resources to find stable housing. HMIS tracks length of time individuals and families remain homeless. Data is extrapolated to show progress of the CoC in meeting its benchmarks to systematically reduce length of stay by 10% annually for individuals and families, with the goal of being at or below the national average. The CoC employs Housing Locaters to assist individuals and families in identifying appropriate housing. They develop collaborative relationships with landlords to accept high rental-barrier households. ESG and local funds are used to provide financial assistance with rent and security deposit. Also, the CoC has accepted the National Alliance to End Homeless 100 Challenge to quickly move families back into the community.

**4A-5 What steps has the CoC taken to reduce returns to homelessness of individuals and families in the CoC's geography?
(limit 1000 characters)**

All entries and exits from CoC programs are documented in HMIS. When individuals and families exit the shelter system to permanent housing, community case management as well as financial assistance is provided to assist and support the households in the transition. The CoC's centralized intake is usually the first point of contact for households seeking homeless services, dually located with diversion services, which allows the CoC to capitalize on the opportunity to divert households from homelessness. The staff at centralized intake has access to HMIS to evaluate a household's prior entries into the CoC's homeless system. The HSAC staff assists households in assessing needs, identifying resources and alternatives, which may require working with landlords, family, friends and other community providers to prevent another episode of homelessness. Also financial resources are provided whenever possible and as needed.

**4A-6 What specific outreach procedures has the CoC developed to assist homeless service providers in the outreach efforts to engage homeless individuals and families?
(limit 1000 characters)**

The CoC created a homeless services pamphlet to inform consumers and community homeless providers about the availability of programs and the centralized access points to obtain housing assessment and services. The CoC has provided information and training at shelters, transitional housing providers, homeless food programs, board/commission meetings, including Mental Health First Aid, for homeless staff and community members that frequently encounter persons experiencing homelessness. The CoC has created an advertised Housing Crisis Response System (homeless assessment system) to allow homeless service providers to better engage with those in the community. To allow for meaningful outreach to persons with disabilities, the CoC employs the PATH outreach worker and partners with the community's aging and disabilities coordinators. CoC providers employ bilingual staff (Spanish, Amharic, Tigrinya, and French), and utilize language line to meet other language needs.

4B. Section 3 Employment Policy

Instructions

*** TBD ****

4B-1 Are any new proposed project applications requesting \$200,000 or more in funding? No

4B-1.1 If yes, which activities will the project(s) undertake to ensure employment and other economic opportunities are directed to low or very low income persons? (limit 1000 characters)

4B-2 Are any of the projects within the CoC requesting funds for housing rehabilitation or new constructions? No

4B-2.1 If yes, which activities will the project undertake to ensure employment and other economic opportunities are directed to low or very low income persons:

4C. Accessing Mainstream Resources

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

4C-1 Does the CoC systematically provide information about mainstream resources and training on how to identify eligibility and program changes for mainstream programs to provider staff? Yes

4C-2 Indicate the percentage of homeless assistance providers that are implementing the following activities:

* Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	100%
* Homeless assistance providers use a single application form for four or more mainstream programs.	100%
* Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	100%

4C-3 Does the CoC make SOAR training available for all recipients and subrecipients at least annually? No

4C-3.1 If yes, indicate the most recent training date:

4C-4 Describe how the CoC is preparing for implementation of the Affordable Care Act (ACA) in the state in which the CoC is located. Response should address the extent in which project recipients and subrecipients will participate in enrollment and outreach activities to ensure eligible households are able to take advantage of new healthcare options. (limit 1000 characters)

The Alexandria Department of Community and Human Services' Benefit Programs is engaged in the process of taking applications for Medicaid and the Affordable Care Act through a State medical benefits system.

**4C-5 What specific steps is the CoC taking to work with recipients to identify other sources of funding for supportive services in order to reduce the amount of CoC Program funds being used to pay for supportive service costs?
(limit 1000 characters)**

A homeless community-wide spending plan was created to evaluate community movement in the areas of homeless prevention and permanent housing. The spending plan creates targets to reallocate funding over the next several years to provide for more permanent housing opportunities. The CoC evaluates areas where resources such as employment training, housing locators, housing stabilization staff, child care coordinators, and use of education centers could be shared, resulting in reduced need for funding of supportive services.

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	Certificates of C...	01/24/2014
CoC Governance Agreement	No	Governance Docume...	01/29/2014
CoC-HMIS Governance Agreement	No	HMIS Charter/Poli...	01/30/2014
CoC Rating and Review Document	No	CoC Rating and Re...	01/29/2014
CoCs Process for Making Cuts	No		
FY2013 Chronic Homeless Project Prioritization List	No		
FY2013 HUD-approved Grant Inventory Worksheet	Yes	GIW HUD Approved ...	01/21/2014
FY2013 Rank (from Project Listing)	No	FY 2013 Project R...	01/21/2014
Other	No	CoC Application o...	01/24/2014
Other	No	Centralized Intak...	01/29/2014
Other	No	Strategic Plan VA...	01/30/2014
Projects to Serve Persons Defined as Homeless under Category 3	No		
Public Solicitation	No	VA603 Public Soli...	01/27/2014

Attachment Details

Document Description: Certificates of Consistency VA 603

Attachment Details

Document Description: Governance Document with Membership List VA-603 2013

Attachment Details

Document Description: HMIS Charter/Policies/Procedures VA603 CoC2013

Attachment Details

Document Description: CoC Rating and Review Document VA 603 2013

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: GIW HUD Approved FY2013

Attachment Details

Document Description: FY 2013 Project Ranking

Attachment Details

Document Description: CoC Application on City of Alexandria Housing
Website 1 17 13

Attachment Details

Document Description: Centralized Intake and Prevention Policies VA-
603 2013

Attachment Details

Document Description: Strategic Plan VA 603 FY2013

Attachment Details

Document Description:

Attachment Details

Document Description: VA603 Public Solicitation 2013

Submission Summary


Page	Last Updated
1A. Identification	No Input Required
1B. CoC Operations	01/29/2014
1C. Committees	01/27/2014
1D. Project Review	01/29/2014
1E. Housing Inventory	01/22/2014
2A. HMIS Implementation	01/22/2014
2B. HMIS Funding Sources	01/22/2014
2C. HMIS Beds	01/22/2014
2D. HMIS Data Quality	01/29/2014
2E. HMIS Data Usage	01/22/2014
2F. HMIS Policies and Procedures	01/22/2014
2G. Sheltered PIT	01/24/2014
2H. Sheltered Data - Methods	01/22/2014
2I. Sheltered Data - Collection	01/22/2014
2J. Sheltered Data - Quality	01/22/2014
2K. Unsheltered PIT	01/22/2014
2L. Unsheltered Data - Methods	01/22/2014
2M. Unsheltered Data - Coverage	01/22/2014
2N. Unsheltered Data - Quality	01/22/2014
Objective 1	01/27/2014
Objective 2	01/27/2014
Objective 3	01/28/2014
Objective 4	01/28/2014
Objective 5	01/29/2014
3B. CoC Discharge Planning: Foster Care	01/22/2014
3B. CoC Discharge Planning: Health Care	01/29/2014
FY2013 CoC Application	Page 74
	01/30/2014

3B. CoC Discharge Planning: Mental Health	01/28/2014
3B. CoC Discharge Planning: Corrections	01/22/2014
3C. CoC Coordination	01/27/2014
3D. Strategic Plan Goals	01/27/2014
3E. Reallocation	01/22/2014
3F. Grant(s) Eliminated	01/22/2014
3G. Grant(s) Reduced	No Input Required
3H. New Project(s)	01/22/2014
3I. Balance Summary	No Input Required
4A. Project Performance	01/24/2014
4B. Employment Policy	01/22/2014
4C. Resources	01/24/2014
Attachments	01/30/2014
Submission Summary	No Input Required

**Certification of Consistency
with the Consolidated Plan****U.S. Department of Housing
and Urban Development**

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: Sheltered Homes of AlexandriaProject Name: Please see attached listLocation of the Project: Please see attached list

Name of the Federal
Program to which the
applicant is applying: Continuum of Care 2013 Application: Supportive HousingName of
Certifying Jurisdiction: City of Alexandria, a municipal corporation of VirginiaCertifying Official
of the Jurisdiction
Name: Rashad M. YoungTitle: City ManagerSignature:  Deputy City Manager forDate: 12/20/13

APPROVED AS TO FORM:

George M. Andrews
ASSISTANT CITY ATTORNEY

Attachment/2991

**Certificate of Consistency with
The Consolidated Plan**

**City of Alexandria
Sheltered Homes of Alexandria
VA-603**

Project List

**Canterbury/ Mayflower
422 N. Armistead St. #304
Alexandria, VA 22312**

**424 N. Armistead St. #T-1
Alexandria, VA 22312**

**#8 Canterbury Square, #102
Alexandria, VA 22304**

**#22 Canterbury Square, #201
Alexandria, VA 22304**

**Columbus Street Supported Apartments
633 N. Columbus Street, 1st floor
Alexandria, VA 22314**

**633 N. Columbus Street, 2nd floor
Alexandria, VA 22314**

**Certification of Consistency
with the Consolidated Plan****U.S. Department of Housing
and Urban Development**

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: New Hope HousingProject Name: Housing FirstLocation of the Project: Please see attached list.

Name of the Federal
Program to which the
applicant is applying:Continuum of Care 2013 Application: Supportive HousingName of
Certifying Jurisdiction:City of Alexandria, a municipal corporation of VirginiaCertifying Official
of the Jurisdiction
Name:Rashad M. YoungTitle: City ManagerSignature: Date: 12/20/13

APPROVED AS TO FORM:

George M'Andrews
ASSISTANT CITY ATTORNEY

Attachment/2991

**Certificate of Consistency with
the Consolidated Plan**

**New Hope Housing
VA 603**

Project List

Alexandria Housing First I

5801 Quantrell #L5

Alexandria, VA 22312

One 2 bedroom apartment, housing 2 chronically homeless disabled individuals.

Alexandria Housing First III

501 Armistead Street #202

Alexandria, VA 22312

One 2 bedroom apartment, housing 2 chronically homeless disabled individuals.

Alexandria Housing First II

Address will be available after HUD approval of the new housing first grant.

Four 2 bedroom apartments, scattered site, housing 8 chronically homeless disabled individuals.

**Certification of Consistency
with the Consolidated Plan****U.S. Department of Housing
and Urban Development**

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: Arlington-Alexandria Coalition for the HomelessProject Name: Adopt-A-FamilyLocation of the Project: Citywide, Alexandria, Virginia

Name of the Federal
Program to which the
applicant is applying: Continuum of Care 2013 Application: Supportive HousingName of
Certifying Jurisdiction: City of Alexandria, a municipal corporation of VirginiaCertifying Official
of the Jurisdiction
Name: Rashad M. YoungTitle: City ManagerSignature:  Deputy City Manager forDate: 12/20/13

APPROVED AS TO FORM:

ASSISTANT CITY ATTORNEY

**Certification of Consistency
with the Consolidated Plan****U.S. Department of Housing
and Urban Development**

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: Alexandria Community Services Board

Project Name: Please see attached list

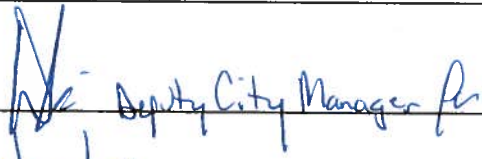
Location of the Project: Please see attached list

Name of the Federal
Program to which the
applicant is applying: Continuum of Care 2013 Application: Supportive Housing

Name of
Certifying Jurisdiction: City of Alexandria, a municipal corporation of Virginia

Certifying Official
of the Jurisdiction
Name: Rashad M. Young

Title: City Manager

Signature:  Deputy City Manager for

Date: 12/20/13

APPROVED AS TO FORM:

ASSISTANT CITY ATTORNEY

Attachment/2991

**Certificate of Consistency with
the Consolidated Plan**

**City of Alexandria, a municipal corporation of Virginia
Alexandria Community Services Board
VA-603**

Project List

**Notabene and Family Condo, Permanent Supportive Housing
610 Notabene Dr.
Alexandria, VA 22305
51 Skyhill #210
Alexandria, VA 22314
5801 Quantrell #202
Alexandria, VA 22312
5851 Quantrell #401
Alexandria, VA 22312**

**The Riley House, Safe Haven
115 N. Patrick
Alexandria, VA 22314**

**Certification of Consistency
with the Consolidated Plan****U.S. Department of Housing
and Urban Development**

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: City of Alexandria, a municipal corporation of Virginia

Project Name: CoC Planning Project

Location of the Project: 2525 Mt. Vernon Ave

Alexandria, VA 22301

Name of the Federal
Program to which the
applicant is applying: 2013 CoC Competition

Name of
Certifying Jurisdiction: Alexandria, VA

Certifying Official
of the Jurisdiction
Name: Debra R. Collins

Title: Deputy City Manager

Signature: 

Date: 1/17/2014

APPROVED AS TO FORM
George M. Andrews
ASSISTANT CITY ATTORNEY



The Partnership to Prevent and End Homelessness
in the City of Alexandria

Housing Crisis Response System

Standard Operating Procedures

Effective Date: September 4, 2012

Revision No.: 1

Document Control No.: PPEH1.1

Table of Contents

Title Page and Approval Page	1
Table of Contents	2
Overview	3
Procedures	5
A. Purpose	
B. Applicability / Scope	
C. Definitions	
D. Personnel	
E. Step-by-Step Procedure	
F. Criteria	
G. Records Management	
Quality Control and Quality Assurance	14

OVERVIEW

HISTORY OF ACCESS TO HOMELESS SERVICES

Historically, each emergency shelter has operated independently with unique forms, referral and intake processes, and operating procedures. From October 2010 to present the City of Alexandria utilized a dual intake system (a decentralized, coordinated intake for individuals; and a centralized intake for families with minor children.)

Individuals self-referred to emergency shelter, including the domestic violence program. The City's Continuum of Care (CoC) partners were advised daily of available emergency shelter bed space for individuals. Emergency shelter contact information was provided to individuals by the Department of Community and Human Services (DCHS) Customer Call Center and reception staff and other community service agencies. Referrals for intake were accepted from agencies serving persons with special needs including the City of Alexandria DCHS Community Services Board Mental Health and Substance Abuse Services; the U.S. Department of Veteran Affairs; the City of Alexandria Detention Center/Jail; the City of Alexandria Criminal Justice Services (local probation); the Virginia Department of Corrections City of Alexandria Office of Probation and Parole; and local hospitals serving City of Alexandria residents including state and private psychiatric facilities.

For families with minor children, the City utilized a centralized intake system. The Family Shelter Waiting List was maintained and the screening process conducted by the DCHS Shelter Liaison to allow for triage and shelter placement based on the immediacy of need as well as the coordination of child care or child welfare services as needed.

Individuals and families experiencing domestic violence were directed to the Domestic Violence Hotline.

Traditionally, persons seeking emergency shelter services were assisted solely based upon self-reported need. And, the Continuum of Care's Homeless Management Information System (HMIS) database was not utilized as part of the referral process.

BACKGROUND DRIVING THE NEED FOR CHANGE

In 2005 the U.S. Department of Housing and Urban Development (HUD) conducted research which revealed that persons seeking emergency shelter did not necessarily need such critical level of services. As a result the Virginia Department of Housing and Community Development (DHCD) recommended that continuums of care create a mechanism for service providers to assist households in assessing needs and identifying resources and alternatives to homelessness prior to service provision as opposed to occurring simultaneously with service provision.

CITY OF ALEXANDRIA CONTINUUM OF CARE RESPONSE

In order to streamline the intake process, more efficiently and effectively assess the needs of persons seeking shelter, offer diversion services, best utilize community resources, and reduce the number of households entering the shelter system; the CoC proposed a Housing Crisis Response System.

- In April 2012 the Homeless Services Coordinating Committee (HSCC) Executive Committee endorsed creating standardized emergency shelter intake forms and operating procedures recommended by the DCHS Office of Community Services (OCS).

- In May 2012 the Homeless Services Coordinating Committee (HSCC) Executive Committee endorsed the establishment of a centralized intake system for individuals proposed by Carpenter's Shelter.
- In June 2012 the Centralized Intake Planning Committee convened, co-chaired by the Carpenter's Shelter Homeless Services & Resource Manager and the DCHS/OCS Homeless Services Coordinator.

The Planning Committee comprised of City of Alexandria homeless and community service providers and the City of Alexandria Police Department have participated in the 14-week process of conceiving, collaborating, coordinating, developing, piloting, presenting, training, and executing of the continuum of care centralized intake system.

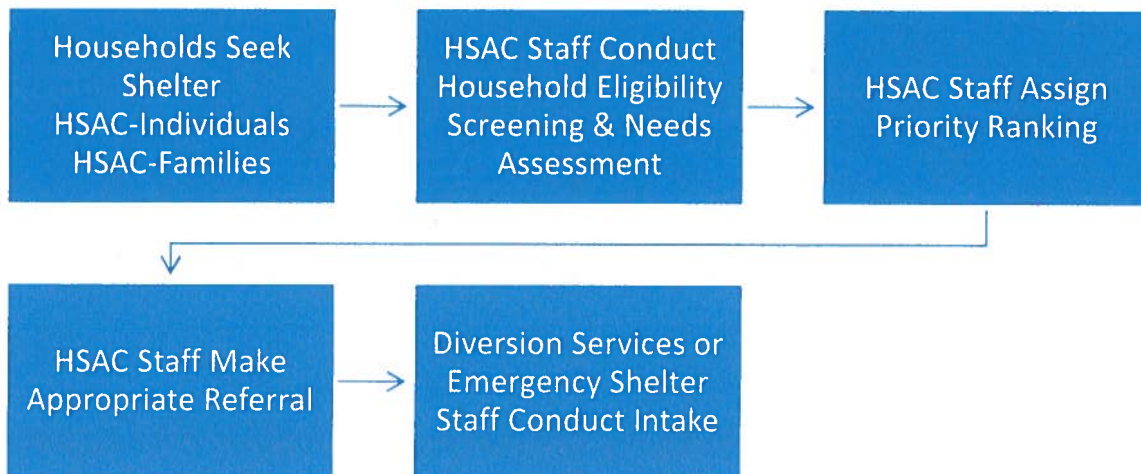
CENTRALIZED INTAKE SYSTEM OVERVIEW

There are three key components to the Centralized Intake System: 1) the HSAC through which members of the community request services and receive an eligibility screening and needs assessment; 2) the emergency shelter providers (Alexandria Community Shelter and Carpenter's Shelter); and 3) the diversion services provider (DCHS/OCS).

The Continuum of Care's centralized intake system for individuals and families is standardized with written policies and procedures defining programmatic roles, responsibilities and expectations of all centralized intake system key component staff. Staff is trained in assessment, verification, referral, motivational interviewing, crisis response/de-escalation, the Mental Health First-Aid response system; and the emergency shelters utilize standardized intake forms.

Individuals and families are referred to diversion or emergency shelter services based on eligibility and need. The screening verifies that persons seeking services meet HUD-required emergency shelter and diversion services eligibility criteria. The assessment thoroughly explores individual household situations identifying three categories of housing need: 1) that which can be resolved with mainstream supports; 2) that which can be resolved with targeted short-term financial assistance; and 3) that which requires long-term housing assistance.

From initial engagement until the end of service provision and follow-up, data is fully captured in the Homeless Management Information System (HMIS) by HSAC, emergency shelter and diversion services staff. The HMIS database is customized to 1) monitor households' length of engagement; 2) conduct need assessments; 3) catalogue community resources; 4) complete referrals; and 5) track services and outcomes.



PROCEDURES

A. PURPOSE

The Housing Crisis Response System Standard Operating Procedures outline the process to efficiently and effectively screen, assess, refer, and address the needs of individuals and families seeking emergency shelter services. The process ensures that all households seeking shelter are screened for diversion services creating an opportunity to address the housing crisis with targeted assistance and averting unnecessary entry into the shelter system. The intended outcome is to reduce the number of households entering the emergency shelter system while simultaneously shortening the length of stay in shelter.

B. APPLICABILITY / SCOPE

The Housing Crisis Response System Standard Operating Procedures are required to assist any household seeking emergency shelter in the City of Alexandria.

C. DEFINITIONS

- **At-imminent Risk of Homeless** – individual or family who will lose their primary nighttime residence within 14 days.
- **Case Management** –The collaborative process of assessment, planning, facilitation and advocacy for options and services to meet a household’s holistic needs through communication and available resources to promote quality cost-effective outcomes.
- **City of Alexandria Resident** – A person living in the City of Alexandria. Residency is demonstrated by providing at least one of the following: 1) Driver’s license or any form of ID with an address in the City of Alexandria; 2) Utility bill with name and address; 3) verifiable documentation of receipt of entitlement benefits, such as SNAP, TANF, Medicaid from the Alexandria Department of Community and Human Services; 4) Children are enrolled in the Alexandria City Public Schools; and/or 5) Otherwise verifiable through a third party.

- **Continuum of Care** – The local collaborative of homeless services providers and community agencies known as the Partnership to Prevent and End Homelessness in the City of Alexandria.
- **Diversions Services** – Prevention services (financial and/or case management) provided by DCHS/OCS utilized to assist households in averting emergency shelter.
- **Eligibility Screening Packet** – The set of documents consisting of the completed Individual or Family Eligibility Screening Form; City of Alexandria Release of Information and/or Community Service Board Release of Information, DHCD Homeless Certification Form, and the HMIS Notice of Data Entry.
- **Emergency Shelter** – Facility that provides short-term overnight housing for persons experiencing homelessness (i.e., Alexandria Community Shelter and Carpenter’s Shelter).
- **Families** – A household consisting of one or more adults and children under the age of 18.
- **Homeless Management Information System (HMIS)** – A software application designed to record and store client-level information on the demographics and service needs of homeless persons. Homeless assistance providers use the CoC’s web-based software application to coordinate care, manage their operations, and efficiently and effectively serve their clients.
- **Homeless Services Assessment Center (HSAC) Staff** – Program Coordinator and Shelter Liaison
- **Individual** – A household solely consisting of one unaccompanied person.
- **Institutional Discharge** – Those exiting from the following institutions/facilities:
 - City of Alexandria DCHS Community Services Board Mental Health and Substance Abuse Services
 - City of Alexandria Detention Center/Jail
 - City of Alexandria Criminal Justice Services (local probation)
 - Virginia Department of Corrections City of Alexandria Office of Probation and Parole
 - U.S. Department of Veteran Affairs
 - Local hospitals serving City of Alexandria residents including state and private psychiatric facilities.
- **Key Component Staff** –
 - **Carpenter’s Shelter (CS)** (HSAC– Individuals and Emergency Shelter Services)
 - Deputy Director
 - Homeless Services & Resource Manager
 - Program Coordinator
 - Housing Resource Coordinator
 - Case Managers
 - **Alexandria Community Shelter (ACS)** (Emergency Shelter Services)
 - Shelter Director
 - Case Manager
 - Resident Service Specialist
 - Shelter Service Specialist
 - Housing Resource Coordinator
 - Employment & Education Coordinator

- **City of Alexandria DCHS/Office of Community Service (DCHS/OCS)** (HSAC–Families and Diversion Services)
 - Homeless Services Coordinator
 - Shelter Liaison
 - Community Specialist II
 - Case Workers
- **Length of Stay** – The duration of a single stay in an emergency shelter.
- **Literally Homeless** – a) Persons who lack a fixed, regular, and adequate nighttime residence or are in a place not meant for human habitation. b) Persons who are exiting from an institution where he or she where residence was fewer than 90 days and the individual met HUD’s definition of homelessness prior to entry into the institution/facility. (e.g., jail, psychiatric hospital). c) Persons who are fleeing, or are attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member.
- **Mental Health First Aid** – The initial help given to a person in a mental health crisis or showing symptoms of mental illness impacting daily functioning until appropriate help can be engaged.
- **Motivational Interviewing** – A person-centered counseling approach used to strengthen a person’s own drive and commitment to change.
- **Outstanding Referrals Report** – The HMIS-generated report listing households referred for diversion services or emergency shelter services.
- **Priority Ranking** – The weight in points assigned to the following subpopulations: literally homeless, veterans, institutional discharge, and expectant mothers.
- **Referral** – Homeless Services Assessment Center staff notification of a household need for emergency shelter or diversion services.
- **Safe** – Habitable dwelling and/or living situation where persons are free from the risk of bodily harm.
- **Veteran** –served in a branch of the United States Military including the National Guard and Reserves.

D. PERSONNEL QUALIFICATIONS / RESPONSIBILITIES

Services provided through the Housing Crisis Response System are coordinated through the following agencies and their designated staff: Alexandria Community Shelter, Carpenter’s Shelter, and the City of Alexandria DCHS/Office of Community Services.

Carpenter’s Shelter (CS) (HSAC– Individuals and Emergency Shelter Services)

- Deputy Director
- Homeless Services & Resource Manager
- Program Coordinator
- Housing Resource Coordinator
- Case Managers
- Employment & Education Coordinator

Alexandria Community Shelter (ACS) (Emergency Shelter Services)

- Shelter Director
- Case Managers
- Resident Service Specialist
- Shelter Service Specialist
- Housing Locator
- Employment & Education Coordinator

City of Alexandria DCHS/Office of Community Service (DCHS/OCS) (HSAC–Families and Diversion Services)

- Homeless Services Coordinator
- Shelter Liaison
- Housing Stabilization & Resource Specialist
- Case Workers

E. STEP-BY-STEP PROCEDURE

Access to Homeless Services

Effective September 4, 2012, persons seeking emergency shelter must access services through the HSAC, which has two points of entry for eligibility screening and referral: HSAC–Individuals operated by Carpenter’s Shelter and HSAC–Families operated by DCHS/OCS. Individuals (unaccompanied adults) are served at 930 N. Henry Street (Carpenter’s Shelter) between 10:00 a.m. and 6:00 p.m. Monday through Friday (except holidays) and should contact the Program Coordinator at (703) 548-0452. Families (adults with minor children) are served at 2525 Mount Vernon Avenue (DCHS) 8:00 a.m. to 5:00 p.m. Monday through Friday (except holidays) and should contact the Shelter Liaison at (703) 746-5902.

Eligibility Screening and Referral

Eligibility Criteria

Emergency Shelter Placement

- Individuals and Families (Adults with minor children)
- Meet HUD’s definition of literally homeless or at imminent risk of homelessness
- No other immediate place to stay
- No other housing options
- No financial resources for housing

Diversion Services

- At imminent risk of homelessness or fleeing domestic violence
- Household income below 50 percent Area Median Income, set by HUD at <http://www.huduser.org/portal/datasets/il.html>
 - Has \$500 or less in assets after expenses. Assets include:
 - Cash on-hand
 - Checking and savings accounts
 - Certificates of Deposit
 - Stocks and bonds
 - Deeds of Trust

- Real Property
- Retirement accounts, including IRA, 401ks, 457s, and SEP accounts

NOTE: (This does not include primary, appropriate, and reasonable transportation, pension or retirement funds that cannot be accessed or primary residence for eligible mortgage assistance.

- Currently has safe living accommodations in one of the following: a) temporary housing that can be maintained for a minimum of two weeks, or b) permanent housing that can be maintained with financial assistance and/or case management services
- No other housing options and lack financial resources for housing

Eligibility Screenings are conducted in person for individuals and families seeking shelter.

Individuals

The Program Coordinator schedules the eligibility screening appointments for individuals by phone. If an individual walks in seeking shelter services, the Program Coordinator will immediately schedule an eligibility screening appointment. In the event the Program Coordinator is not available or the person will be directed to call the HSAC telephone number to schedule an appointment.

Eligibility Screenings may be conducted by phone for persons being discharged from the following agencies/institutions: the City of Alexandria DCHS Community Services Board Mental Health and Substance Abuse Services; the City of Alexandria Detention Center/Jail; the City of Alexandria Criminal Justice Services (local probation); the Virginia Department of Corrections City of Alexandria Office of Probation and Parole; the U.S. Department of Veteran Affairs; and local hospitals serving City of Alexandria residents including state and private psychiatric facilities.

If an individual misses his/her shelter screening appointment, he/she is ineligible to return to HSAC for 30 days from the missed appointment date. Exceptions may be made based on the circumstances beyond individual's control.

Individuals who did not attend the intake appointment, refused emergency shelter services, or did not return the shelter intake appointment phone call within the 2 hour timeframe are ineligible for shelter screening for 30 days. Exceptions may be made based on the circumstances beyond the individuals' control.

Families

The Shelter Liaison or the DCHS Call Center staff schedule eligibility screening appointments for families by phone. In the event a family walks in seeking shelter, the Shelter Liaison or OCS backup staff will immediately conduct an Eligibility Screening or schedule an appointment for a later time if time does not permit.

If a family's head household misses his/her shelter screening appointment, he/she is ineligible to return to HSAC for 30 days from the missed appointment date. Exceptions may be made based on the circumstances beyond head of household's control.

Households who did not attend the intake appointment, refused emergency shelter services, or did not return the shelter intake appointment phone call within the 2 hour timeframe are ineligible for

shelter screening for 30 days. Exceptions may be made based on the circumstances beyond the households' control.

Safety Risk Screenings

During the initial contact (phone call or walk-in), HSAC staff assess for the following safety risks:

Domestic Violence

Persons seeking emergency shelter complete an unidentified Personal Safety Questionnaire to assess the need for domestic violence shelter and/or police intervention. Prior to collecting any identifying information HSAC staff ask the following questions:

1. Are you in a safe place to talk? (Callers only.) (If no, the caller is asked to go to a safe place. If the caller is unable to find a safe place, s/he is asked if there is a need for police intervention.)
2. Why are you looking for shelter?
3. Are you afraid of anyone in your home?
4. Has anyone physically assaulted you or touched you in a harmful way at this address recently?

If "yes" is answered to questions 3 or 4 or there is otherwise an indication an immediate experience of domestic violence the screening is stopped and the caller is directed to the Domestic Violence Hotline, 703-746-4911. The completed Personal Safety Questionnaire is kept in a separate file and the data is not entered into HMIS. NOTE: Persons who are determined by the Domestic Violence Program to be ineligible for their services are redirected to HSAC.

Sex Offenses

Because the City of Alexandria emergency shelters do not currently serve convicted sex offenders or persons who are listed on the National Sex Offender Registry, a sex offender screening is conducted to determine if alternative services are available when emergency shelter placement is not appropriate. After completing the Personal Safety Questionnaire, HSAC staff check the National Sex Offender Registry and ask the caller if s/he or any other adult in the household has ever been convicted of a sex offense. If the answer is "yes" to either, the Eligibility Screening can be conducted over the phone to assess for the appropriateness of diversion services. In the event the person is ineligible for diversion services or if emergency shelter services are most appropriate, HSAC staff will endeavor to link them to other resources. If there is an indication of a sexual offense that did not lead to a conviction or a listing on the National Sex Offender Registry, the HSAC staff will conduct the Eligibility Screening by phone and alert each emergency shelter point-of-contact by phone of this concern.

Eligibility Screening Appointment

During the eligibility screening appointment the HSAC staff interview individuals and adult family members, collect household data, complete the screening forms, assess household need, determine priority ranking (if applicable), and make appropriate referral assignments to diversion services or emergency shelter.

When emergency shelter placement is appropriate, HSAC staff assign priority ranking based upon the following factors:

Priority Placement Ranking Factors

1. Literally Homeless (10 points)
2. Veteran (10 points)
3. Institutional Discharge (10 points)
 - a. City of Alexandria DCHS Community Services Board Mental Health and Substance Abuse Services
 - b. City of Alexandria Detention Center/Jail
 - c. City of Alexandria Criminal Justice Services (local probation)
 - d. Virginia Department of Corrections City of Alexandria Office of Probation and Parole
 - e. U.S. Department of Veteran Affairs
 - f. Local hospitals serving City of Alexandria residents including state and private psychiatric facilities
4. Expectant Mothers (5 points)

HSAC staff place households on the Emergency Shelter Referral List in the following order: 1) City of Alexandria residents, and 2) by total points from the above ranking factors (from the highest to the lowest). When priority placement is not applicable, households are placed in chronological order by referral date.

Referral

HSAC staff ensure that the Eligibility Screening packet is completed for all households seeking shelter placement and that a copy is transferred to diversion services or emergency shelter staff as applicable.

Immediately following each eligibility screening interview and referral determination, HSAC staff enter household data into the HMIS database, creating an HSAC program entry, and entering related need/service transactions, which generate an e-mail notification alerting DCHS/OCS staff of the need for diversion services or the emergency shelters of the need for bed space. The referred household is simultaneously electronically placed on the HMIS Outstanding Referral Report, which is accessible by the DCHS/OCS, emergency shelter and HSAC staff.

The Need Note in HMIS includes the following information:

1. Contact Information and Related Special Instructions
2. Priority Ranking
3. Referral Source
4. Special Accommodations (e.g., bunk placement, medical needs, etc.)
5. Household Size (Families)
6. Gender (Individuals)
7. Pregnancy (Single Unaccompanied Females)

Diversion Services

The HMIS Outstanding Referral Report is the primary referral notification for diversion services. Additionally, HSAC staff maintain an excel-based Diversion Services Referral List and e-mail a copy to diversion services staff once daily when there have been additions.

Emergency Shelter Services Referral

HSAC staff maintain two excel-based Emergency Shelter Referral Lists – one for individuals and another for families, which are regularly updated.

HSAC-Individuals use the ESRL as the primary notification of referral and it is e-mailed to the Emergency Shelter Listserv twice daily at 10 a.m. and 6 p.m. Monday through Friday (except holidays). The HSAC- Individuals Emergency Shelter Referral List sent at 10 a.m. reflects any individual placed by ACS after 6 p.m. the night before until 10 a.m. the next morning. The Emergency Shelter Referral List sent at 6 p.m. reflects households that have completed an Eligibility Screening as well as those that have been placed by CS and ACS throughout the day.

HSAC-Families used the ESRL to determine the order in which households are referred to emergency shelter for an intake appointment.

The Emergency Shelter Referral Lists summarize the referral information specifying:

1. Referral Date
2. Head of Household HMIS Record Number
3. Contact Information and Related Special Instructions
4. Priority Ranking
5. Referral Source
6. Special Accommodations (e.g., bunk placement, medical needs, etc.)
7. Household Size (Families)
8. Gender (Individuals)
9. Pregnancy Information (If applicable)

Emergency Shelter Listserv

Centralized Intake System key component staff utilize the Emergency Shelter Listserv to provide e-mail notice of the scheduling of an intake appointment to accommodate the flexibility of emergency shelter intake appointments, to best reflect the most current status of households on the Emergency Shelter Referral Lists and to prevent a duplication of efforts by the emergency shelters. HSAC staff will use this information when updating the Emergency Shelter Referral Lists, which also serve to provide real time information to other emergency shelter staff who may be attempting to contact the same person.

The HMIS-generated e-mail message which may serve as an optional secondary notification of referral advises the emergency shelter and diversion services staff that a household has been referred and to check the Outstanding Referrals Report for additional information. The referral is attached to the “need” and subsequently the “service”, therefore, the client name will remain on the Outstanding referral until the service and/or need is closed.

Client-Initiated Follow-up

While awaiting emergency shelter placement, individual and adult family members must contact HSAC staff on a weekly basis to verify their on-going household need and to provide status updates of outstanding tasks (e.g., applications for benefits, identification cards, etc.) Households must immediately inform HSAC staff of any change of circumstances (i.e., household composition, income, living situation, etc.) If there is a lapse in contact of two weeks or more, the household is

removed from the Emergency Shelter Referral List and the HMIS Outstanding Referral Report. If removed for any reason, the household must be re-screened for eligibility in order to receive services.

Intake

Diversion Services Intake

When diversion services are appropriate, DCHS/OCS staff conduct an intake and determine the enrollment in the appropriate homeless prevention program to provide financial assistance and/or case management services on a "first come, first served" basis. DCHS/OCS staff send an e-mail to HSAC staff requesting the Eligibility Screening Packet immediately upon scheduling the intake appointment. Immediately following each intake, diversion services staff enter household data into the HMIS database, creating a program entry, and entering related service transactions, which simultaneously remove households from the HMIS Outstanding Referral Report.

Emergency Shelter Intake

Emergency shelter staff schedule intake appointments for individuals in the order in which they appear on the Emergency Shelter Referral List based upon appropriate bed space availability. Immediately upon scheduling an intake appointment, emergency shelter staff e-mail HSAC – Individuals' requesting the Eligibility Screening Packet.

Emergency shelter staff contacts HSAC –Families when a family space becomes available and inform the HSAC staff of the intake appointments schedule. HSAC- families reviews the ESRL and determines the household to refer based on residency, priority, and bed space availability. The head of household is contacted and informed of the space available and intake appointment. HSAC- families staff then contact the Emergency Shelter staff confirming the intake appointment and emails the Screening Packet to the Emergency shelter staff.

Emergency shelter staff contact the individuals and HSAC- families staff contact the families to inform them of bed availability and to schedule an intake appointment. By scheduling the appointment, the household is accepting shelter placement. If the designated household point of contact is not available, HSAC staff will leave a message with instructions to return the call within two (2) hours. If contact is not made within this timeframe, the bed space will be forfeited. If a household is more than two (2) hours late for a scheduled intake appointment, the household will be considered a "no show" and the bed space will be forfeited. In order to access services, the household must be re-screened for eligibility. The Emergency shelter staff will report back to HSAC staff on the status of the intake.

If bed space is not available, the household remains on the Emergency Shelter Referral List until the next appropriate availability.

Intake Appointment

At the intake appointment, the Emergency Shelter staff complete the Intake Assessment and other program related forms. The household receives an emergency shelter orientation, which includes review of the resident handbook and shelter policies and procedures, tour of the facility, and bed assignment. Within 48 hours of intake, the emergency shelter case manager coordinates a meeting with the household and other key shelter staff to develop a permanent housing plan. All children receive a service needs assessment within five (5) days of intake.

Immediately upon intake completion or by the next business day emergency shelter staff send an e-mail notification to HSAC staff. The HSAC staff then exit the household in HMIS and remove the name from the Emergency Shelter Referral List.

Emergency Shelter staff enter the resident data into HMIS within 24 hours of intake or the next business day and create and maintain a resident case file.

Weekend/After Hours Intake Appointments (Alexandria Community Shelter ONLY)

Alexandria Community Shelter will conduct intake appointments if bed space becomes available after hours or over the weekend.

F. CRITERIA

Homeless Management Information System – The Homeless Management Information System Data Entry Workflow is applied for this procedure.

Homeless Prevention Programs –The Homeless Prevention Programs standard operating procedures are applied for this procedure.

Unaccompanied Expectant Mother Accommodations –The Alexandria Community Shelter and Carpenter’s Shelter place a pregnant woman in a bottom bunk bed space for individuals at any stage of her pregnancy. If her stage of pregnancy is seven (7) months or later, the emergency shelter staff contact the Shelter Liaison to request a transfer to family bed space based on the availability and the Family Emergency Referral List. In the event that family bed space is not available by the time she gives birth, Carpenter’s Shelter, if within capacity, will provide an emergency family room for up to 30 days.

Emergency Shelter Suspension Policy – This addresses re-access and the length of suspension for households that have been terminated for cause. Residents will be suspended from all shelter programs if they commit a serious offense at any shelter program in the City of Alexandria’s Continuum of Care.*

The suspension will be for a period of one year. After the one-year suspension, the resident may be ineligible to return to the shelter where the offense occurred. The except will be if the suspension is due to an assault of a staff member and the staff member is still employed there, the individual may be ineligible to return and this status will be noted in HMIS.

Serious offenses consist of:

1. Physical violence or threatening behavior against other residents and/or staff that results in the need to contact the police.
2. Destruction of shelter property.
3. Weapons on the property.

If a No-Trespassing Order is completed by the police, the suspension will be for a period of two years.

Additional suspension will occur as follows:

1. Possession of drugs or alcohol - Suspension of 6 months.

**Exceptions may be made on a case by case basis if an individual can demonstrate progress as it relates to their Individual Housing Plan (IHP) since their last shelter stay. Appeals to the shelter suspension policy will be heard by the Housing Crisis Response Workgroup (HCRW).*

Emergency Shelter Return Policies - These address re-entering the emergency shelter system after having exited. Shelters determine when residents are eligible to return to shelter by the number of times they have been discharged from any shelter in the continuum effective from 9/4/12:

Alexandria Community Shelter

First and Second discharge from Shelter.....30 day stay-away period
Third, Fourth and Fifth discharge from Shelter.....3 months stay-away period
Sixth and Beyond discharge from Shelter.....6 months stay-away period

Carpenter's Shelter

First, Second, Third, Fourth, and Fifth discharge from Shelter.....3 months stay-away period
Sixth and Beyond discharge from Shelter.....6 months stay-away period

**Exceptions may be made on a case by case basis if an individual can demonstrate progress as it relates to their Individual Housing Plan (IHP) since their last shelter stay. Appeals to the shelter Return Policy are presented to the Housing Crisis Response Workgroup (HCRW).*

****** The amount of time a person must be away from the emergency shelters before they are eligible for re- entry into the shelter and pending eligibility to be placed on HSAC's waitlist.

HMIS Data Entry: Suspensions and returns are recorded in HMIS under *Incidents* as follows:

1 = Stay Away of 30 or 90 days

2= Stay Away of 6 months

3= Suspension of 6 months

4= Suspension of 1 year

5= No trespassing/Barment Notice of 2 years

Hospital Stay: If a resident is hospitalized, their bed may be held for up to two weeks dependent upon: (1) the resident is eligible to return to shelter and (2) has valid discharge paperwork with the official discharge date and time. If a hospitalization exceeds two weeks then a referral to HSAC will be made and the Emergency Shelters Return Policy is waived. When available, Winter Shelter may be utilized until shelter space is available. Emergency Shelter Staff is expected to have contact with the resident and/or hospital staff to monitor the status of the resident.

Detox Program Stay: If a resident enters detox care, their bed may be held for up to seven days providing: (1) the resident is eligible to return to shelter and (2) has valid discharge paperwork with the official discharge date and time. If a detox stay exceeds seven days then a referral to HSAC will be made and the Shelter Return Policy is waived. When available, Winter Shelter may be utilized until shelter space is available. The shelter Case Manager contacts the detox staff every 48 hours to confirm that the resident is still at detox. If a resident agrees to go to detox, but a bed is not readily available, shelter staff will contact the Detox Team Leader for assistance.

**The above Detox Program Stay policy is not applicable to Carpenter's Shelter due to its Zero Tolerance Policy for drugs and/or alcohol. Residents are encourage and supported to contact City of Alexandria Detox for services. All residents are informed and provided with a copy of the policy which states that they will lose their bed-space if there is a breach.*

G. RECORDS MANAGEMENT

The list below provides the names of the forms utilized in the Housing Crisis Response System and the location(s) where the original and/or copies will be housed. Homeless Services Assessment Center (HSAC) and Emergency Shelter (ES):

1. Personal Safety Questionnaire (HSAC)
2. Individual Eligibility Screening (HSAC, ES)
3. Family Eligibility Screening (HSAC, ES)
4. Individual Intake Assessment (ES)
5. Family Intake Assessment (ES)
6. Child's Assessment (ES)

Electronic client records are maintained in the web-based Homeless Management Information System (HMIS) database, ServicePoint. Hardcopy forms are maintained in household case files, which are maintain for five years.

QUALITY CONTROL & QUALITY ASSURANCE

The Centralized Intake System key component staff will convene quarterly review meetings. The Governing Board for the Partnership to Prevent and End Homelessness in the City of Alexandria is establishing an Oversight Committee.



The Partnership to Prevent and End Homelessness
in the City of Alexandria



City of Alexandria, Virginia
Department of Community and Human Services
Center for Economic Support
Office of Community Services

Homeless Prevention Programs Policies and Procedures Manual

Homeless Prevention Program (HPP) and the Emergency Solutions Grants (ESG) to nonprofit agencies and local governments in its state-wide efforts to prevent and end homelessness. Through the provision of financial assistance and housing-focused case management services these grants address the critical housing needs of individuals and families experiencing homelessness and those at-risk of becoming homeless throughout the Commonwealth of Virginia.

The City of Alexandria's HPP and ESG are administered through the Department of Community and Human Services/ Center for Economic Support/ Office of Community Services and coordinated with the Continuum of Care. The funds are available to Alexandria residents who are at imminent risk of becoming homeless. Because of the variations in program eligibility, once application has been made and eligibility factors have been documented, the information submitted by the applicants will be reviewed to ensure the appropriate program utilized. The City of Alexandria is responsible for payment of financial assistance and provision of housing-focused case management services available to eligible households.

Homeless Prevention Program and Emergency Solutions Grant- Homeless Prevention (ESGHP)

Eligible Activities

HPP and ESGHP fund one or more of the following activities:

- Financial assistance - rental application fee, rent/arrears, and/or utilities to participants below 50% of the AMI (HPP) or below 30% of AMI (ESGHP) as published by the U.S. Department of Housing and Urban Development.

Alexandria city, Virginia										
FY 2013 Income Limit Area	Median Income	FY 2013 Income Limit Category	1	2	3	4	5	6	7	8
Alexandria city	\$107,300	Very Low (50%) Income Limits	\$37,600	\$42,950	\$48,300	\$53,650	\$57,950	\$62,250	\$66,550	\$70,850
		Extremely Low (30%) Income Limits	\$22,550	\$25,800	\$29,000	\$32,200	\$34,800	\$37,400	\$39,950	\$42,550

- Housing-focused case management services to assist participants in stabilizing housing – caseworker coordinates and monitors delivery of housing stability services to applicants/ participants of HPP and ESGHP.

Program Participants Eligibility

- City of Alexandria residents;
Residents of other jurisdictions which do not have available funds may apply in Alexandria. City of Alexandria residents are prioritized.
- Lease holders of existing or approval for new unit; lease must be in compliance with tenant/landlord laws;
- Income below 50 % (HPP) or 30% (ESGHP) of AMI;

Gross monthly income must be verified for all members of the household and converted into anticipated annual income. Current paystubs or statements from the employer are typical verifications for earned income. An entitlement letter is generally used for unearned income such as Social Security.

- At imminent risk of becoming homeless;
No other appropriate housing options have been identified; and
Lacks the financial resources and support network to obtain or maintain permanent housing
- Assets cannot exceed \$500 (determined by a budget analysis);
All resources must be documented. Current bank statements must be obtained and reviewed. Questions that arise from review of the statements, such as unusual deposits and withdrawals must be discussed. This does not include primary, appropriate, and reasonable transportation, pension or retirement funds that cannot be accessed.
Assets that are available to the household, include, but not limited to:
 1. Cash on-hand
 2. Checking and saving accounts
 3. Certificates of Deposit
 4. Stocks, bonds, mutual funds
 5. Deeds of Trust
 6. Real estate
 7. Motor vehicles in excess of reasonable transportation
 8. Retirements accounts, including IRA, 401ks, 457s, and SEP accounts
- Must have at least 1 high risk factor or 2 or more of the moderate risk factors (HPP only see attached chart); and
- Household agrees to sign all required forms including, but not limited to, the application, any assessment forms, DHCD program forms, Release of Information, and HMIS Notification.

Financial Assistance

- Financial assistance is provided in the minimum amounts required to prevent homelessness.
- HPP financial assistance does not exceed 9 months per incident, including rent, rental arrears, and utilities.
- ESGHP financial assistance does not exceed 9 months (local preference).
- Financial assistance for any portion of the month counts as a month toward the time limit.
- HPP requires a at least a two-month lapse of financial assistance between incidents.
- Financial assistance cannot be made on behalf of a program participant for the same cost and period that are paid by another entity.
- All Payments are made to third party vendors only.

- All financial assistances are provided as a grant.
- Participants' program eligibility is certified at acceptance into the program, and when applicable, at least once every three months.

Types of Financial Assistance

Application Fee

Application fee is provided, when necessary, to assist participants in paying the landlord, property manager or Property Management Company charges to process a rental application for a new unit.

Rental Assistance

Rental assistance is tenant-based rental assistance that can be used to allow participants to remain in their existing rental units or obtain and maintain new rental units.

- Rental assistance included current and past rental charges and fees associated with arrears including late and legal fees.
- Rental arrears are paid if payment enables participants to remain in unit or needed to move to another unit.
- Rental assistance should not exceed HUD's Fair Market Rent for the City of Alexandria. A HUD FMR worksheet is completed and placed in program participants' files

Final FY2013 FMRs By Unit Bedrooms					
	Efficiency	One-Bedroom	Two-Bedroom	Three-Bedroom	Four-Bedroom
Final FY2013 FMR	\$1,130	\$1,191	\$1,412	\$1,890	\$2,374

- Rental assistance cannot exceed the actual cost. Rent must meet HUD's standard of "rent reasonableness" – total rent charged for a unit must be a reasonable price in relation to the rents being charged during the same time period for comparable units in the private unassisted market and must not be in excess of rents being charged by the owner during the same time period for comparable non-luxury unassisted units. Rent Reasonableness is determined through information found on the Virginia Housing Search website. The property in question is compared to a minimum of three units comparable in location, size, location and amenities. A HUD Rent Reasonableness Worksheet is completed and placed in program participants' files
- HPP - Rent assistance may exceed FMR and "rent reasonableness" if the household will avoid shelter and arrangements have been made to move into a unit that meets FMR and rent reasonableness. Documentation required and placed in HPP program participant's file.
- "Shallow subsidies" or partial payments approach are implemented when appropriate, these amounts are based on household's income and budget analysis – priority is given to budget items such as utilities, food, transportation, insurance, health and child care cost. The goal is to help the household reach a level of stability that will enable the household to pay the full rent once financial assistance has

ended. Participants required to pay a portion of the rent must do so by the 1st of each month and submit a copy of the receipt showing payment.

- Rental assistance amounts are reviewed with participants and documented in participants' files. Any modification of obligated amounts and circumstances are communicated with participants and documented in their files.

Utility Assistance

- Utility payments are made to prevent the participants from becoming homeless.
- Utilities payments are limited to past and current water/sewer, heat/gas, and electricity.
- Utility payments may be made on behalf of program participants with the responsibility of making the payment. Proof of responsibility includes bill in name, cancelled check, documented on bank statement, or receipt.
- ESGHP utility assistance may include up to six months in arrears.
- Virginia Housing Development Authority utility allowance guidelines may be used to determine utility payments.

Financial Assistance Payments

- All payments are made in accordance with the procedures established by the City of Alexandria.
- All arrearages are paid in one lump sum, but current and future payments are paid one month at a time, with the payment contingent upon participants' movement toward housing stability.
- Harmony, a payment system, is used to make payments, accounts for all HPP direct services funds, and generates financial reports.

Property Standards

- All unit must meet be in compliance with the state of Virginia and City of Alexandria housing codes, licensing requirements and any other standards regarding the condition of a structure and the operation of the housing.
- HPP – Habitability standards apply only when a program participant is moving into a new unit.
- ESGHP – Habitability standards apply for new and existing units.
- Basic Habitability Checklist form is completed and included in program participants case files as required.

- Units inhabited by a child younger than six or a pregnant woman must comply with the Lead-Based Paint Inspection requirements. The Lead-Based Paint Visual Assessment Inspection form is completed and included in participants' case files as required by program (HPP – new units; ESGHP – new/existing unit).

Ineligible Activities

HPP and ESGHPP may not be used for the following activities or for any activity that is in violation of federal law or the laws of the Commonwealth of Virginia:

- Services for which Section 8 rental vouchers or other rental subsidies for which fair market rent costs are being provided.
- Rental assistance for non-lease bearing tenants.
- The provision of hotel/motel vouchers.
- Damage costs incurred by the tenant.

Referrals

Residents access prevention services through: 1) department of Community and Human Services via telephone or walk-in, in either case they talk with a trained staff about their situation and the type of assistance needed. If they have an eviction or court notice, then an appointment is scheduled with a caseworker; 2) centralized Intake screened for prevention services and diverts households seeking emergency shelter if appropriate; or 3) self-referral.

Intake

- OCS caseworkers are responsible for interviewing, collecting data, and making eligibility determinations and recommendations of applicants for the prevention programs.
- At interviews, applicants are given a copy of the Program Guidelines and the Appeals Procedures which are verbally reviewed and discussed.
- Utilizing the OCS/ Homeless Services Unit application and other required prevention program forms, all pertinent information and documentation are obtained - demographic information, employment, housing, and income history, cause of their financial crisis, housing stabilization plans, Release of Information, HMIS Notice, etc.
- No applicant is denied the right to complete an application, nor discriminated against because of race, religion, sex or national origin.
- The applicants may be given a request for Verification Form, which list the required documentation and information needed, if not submitted at time of intake, to make an eligibility determination. The following documents are required to determine eligibility:
 - I. Court or eviction notice;
 - II. Income verification
 - III. Assets/Resources: Checking and Saving Statements, etc;

- IV. Lease; and
- V. Documentation of the amount of financial assistance needed to stabilize housing

- Applications are processed within 5 business days from the receipt of all necessary documents and information required to determine eligibility. If the process takes longer, the reason is clearly documented in the applicant's file.
- If an applicant is determined ineligible, the caseworker informs the applicant verbally as well as sends written notification in the form of a letter, stating the eligibility criteria that were not met. The caseworker offers other available programs provided by OCS if it appears the applicant would be eligible. If the household is ineligible for other OCS programs, appropriate referrals are made to other City agencies or community organizations.

Housing Case Management Services

- Once an applicant has been determined to be eligible for HPP, the caseworker notifies the applicant in a letter and via telephone. Case management services are provided as appropriate.
- Housing case management services are participant centered. It starts with the participants and uses the program and community's resources to help participants achieve their goals of remaining permanently housed.
- Caseworkers meet with participants minimally on a monthly basis to review permanent housing and sustainability plans, gather current information, and ensure rent and utilities are current and budget maintained. At this time, program participants may also be referred to appropriate services and resources. Documentation of these meetings is kept in program participants' case files.
- Case management services are documented in the participant's electronic and paper case files. Case management is organized into several phases:
 1. Assessment – gathering and evaluating data, including identify motivations, strengths, barriers, and resources;
 2. Planning – caseworker and participant develop the housing stability plan – set short-term SMART goals, identify actions steps, set timetables, and identify responsible parties. Planning is based on assessment.
 3. Arranging resources – linkages to resources that support the housing stability.
 4. Progress/Follow-up – case worker provides ongoing support. Meets at least 1 time per month face to face with participant. Assess for progress on the plan- modify and rearrange resources if necessary. Monitoring and evaluating for sustainability is ongoing - income, type and length of employment, advocacy with landlord, improvement in health (if illness impact sustainability).
 5. Termination –participant and caseworker discuss ending of services. Caseworker contacts participants at six and twelve month after the end of services for housing status.

Recertification

- Every 90 days a review is completed, including income eligibility. The Minimum Requirements Form with documentation of income and assets and an updated Housing Stabilization Plan shall be completed.

- Households are required to report changes in composition and income. These changes are evaluated by caseworker to determine the effect on eligibility, if any.
- Households are given notice when a case is to be closed. If the household wants to appeal the decision, the process is to be followed.

Termination of Participation

- All applicants receive and acknowledge receipt of written notification of the prevention program guidelines, and Appeals Procedures at the intake interview.
- Participants have the right to terminate assistance at any time. Although it is not necessary, program participants are encouraged to submit written notification of voluntary termination.
- Applicants certify that the information provided at intake and throughout the duration of services is accurate. If an applicant/participant chooses not to cooperate with staff or provides inaccurate information, further assistance may not be provided and a termination letter will be sent to the applicant/participant.
- Assistance may be terminated and case closed if participant fails to engage in activities/services to maintain and/or obtain permanent housing.
- If an applicant/participant threatens acts of violence, either expressed or suggested, on persons or property, assistance may be terminated.
- Program participants who receive the maximum financial assistance will be terminated.
- If an applicant/participant disputes a determination of ineligibility or termination of assistance, he/she has the right to initiate the Appeals Procedures.

Appeals Procedures

Appeals Procedures give the applicants/participants the opportunity to present written and/or oral objections to any decision to the Assistant Director of the Office of Community Services.

- Before initiating the Appeals process, the program applicant/participant must contact the Homeless Services Coordinator (HSC) to discuss the case and decision. The applicant/participant may then initiate the Appeals Procedures.
- The applicant/participant must complete and submit the Appeals Form to the HSC within 5 business days of contact. Any applicant/participant with language or literacy barriers may receive assistance in completing the Appeals Form. No new information or documentation may be introduced at the hearing stage.
- Within 5 business days of receipt of the request, the Assistant Director of the Office of Community Services schedules a hearing and renders a final and irreversible decision within 5 business days of the

formal hearing. The decision stating the basis for the decision is provided in writing to the applicant/participant.

Ensuring Confidentiality

- At a minimum, all client paper files and records are secured when not in use in a locked file cabinet.
- Client records and files are stored electronically in Harmony and HMIS and password protected and only accessed by authorized agency personnel.
- Confidentiality statements are signed by any staff or volunteers who have access to participant information.
- Uniform Release of Information and HMIS Notification forms are signed by participants authorizing to the exchange of case related information with other agencies as appropriate.
- Participants' files are closed at the end of services.
- Participants' files are maintained for a minimum of five years.

Homeless Management Information System

All participants who receive financial assistance and/or case management services data is inputted into HMIS within the required timeline.

Reports

Reports are submitted to DHCD as required.

Non-discrimination and Equal Opportunity Requirements

The operation of the program will comply with all applicable fair housing and civil rights requirements in 24 CFR 5.105(a) and will make services and assistance available to all on a nondiscriminatory basis.

Affirmatively Further Fair Housing

The program administration will operate in such a manner as to affirmatively further fair housing opportunities for classes protected under the Fair Housing Act. Protected classes include race, color, national origin, religion, sex, disability and familial status.

Conflict of Interest

The Program administration shall comply with 24 CFR 84.42 with respect to use of HPP and ESG funds to procure services, equipment, supplies or other property. No person who is an employee, agent, consultant, contractor who exercises any functions or responsibilities with respect to assisted activities or who is in a position to participate in the decision making process, may obtain a personal or financial interest or benefit from the activity, or have an interest in any contract, subcontract, or agreement with respect thereto, or the proceeds thereunder, either for himself or herself or for those with whom he or she has family or business ties during his or her tenure or for one year after.

The Partnership to Prevent and End Homelessness in the City of Alexandria

Homeless Management Information System (HMIS)

Governance Charter

Effective Date: December 19, 2013

The Partnership Governing Board
The Continuum of Care Lead Agency City of Alexandria
The HMIS Lead Agency City of Alexandria
The Continuum of Care Consolidated Applicant City of Alexandria
Gaps and Needs Committee
ALIVE! Inc.
Arlington-Alexandria Coalition for the Homeless City of Alexandria
Department of Community and Human Services Community Services Board City of Alexandria
Department of Community and Human Services Office of Community Services
Catholic Charities Diocese of Arlington
Carpenter's Shelter
Community Lodgings, Inc.
New Hope Housing, Inc.
The Salvation Army

Contents

1. Purpose	3
1.1 Purpose of HMIS	3
1.2 Purpose of the HMIS Charter	3
2. Charter Coverage	3
3. Designations	4
3.1. HMIS Lead	4
3.2. HMIS Product	4
4. Expectations	4
5. Charter Amendment	4
6. Responsibilities	4
HMIS Planning & Software Selection	4
HMIS Management & Operations – Governance and Management	5
HMIS Management & Operations – Compliance Monitoring	6
HMIS Management & Operations – Data Quality	6
HMIS Policy Development & Oversight	6
Other Federal Requirements	7

THE PARTNERSHIP TO PREVENT AND END HOMELESSNESS IN THE CITY OF ALEXANDRIA

Homeless Management Information System (HMIS) Governance Charter

1. Purpose

1.1. Purpose of HMIS

The City of Alexandria Continuum of Care (CoC) operates a Homeless Management Information System (HMIS) to record and store client-level data about the numbers, characteristics, and needs of persons at risk of and/or experiencing homelessness in the City of Alexandria, Virginia. HMIS is used to aggregate data about the extent and nature of homelessness over time; produce an unduplicated count of persons experiencing or at risk of homelessness; understand patterns of service use; and measure the effectiveness of homeless prevention and homeless service assistance. The information produced is used for planning, education, and evaluation.

1.2. Purpose of the HMIS Charter

The purpose of the City of Alexandria HMIS Governance Charter (the Charter) is to prescribe the policies and procedures for the operation, maintenance and evaluation of the City of Alexandria HMIS, and as such:

- Defines the HMIS Lead, CoC Lead, and Software Vendor;
- Focuses on the overall management of the HMIS implementation;
- Is designed to ensure the operation of HMIS that is conducive to effective planning and evaluation, making appropriate funding decisions, and meeting funding requirements;
- Outlines the structure and decision-making processes regarding HMIS;
- Outlines roles and responsibilities regarding HMIS for the CoC, CoC Lead, HMIS Lead, Gaps and Needs Committee, and the Contributing HMIS Organizations (CHOs) and
- Outlines governance roles, responsibilities, relationship and authorities of stakeholders

2. Charter Coverage

The City of Alexandria HMIS Governance Charter coverage includes the following five entities:

- The City of Alexandria Continuum of Care (CoC) (The Partnership to Prevent and End Homelessness in the City of Alexandria "The Partnership")
- The CoC Lead Agency (The City of Alexandria)
- The HMIS Lead Agency (The City of Alexandria)
- The Gaps and Needs Committee
- The Contributory HMIS Organizations (CHO)

3. Designations

3.1. HMIS Lead

The Partnership designates the City of Alexandria as the HMIS Lead to operate the City of Alexandria CoC's HMIS.

3.2. HMIS Product

The City of Alexandria designates Bowman Systems LLC's ServicePoint as the official HMIS for the City of Alexandria CoC.

4. Expectation

The guidance provided by the City of Alexandria HMIS Governance Charter is in compliance with the 24 CFR Part 578 Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH): Continuum of Care Program; Interim Final Rule and the HMIS Data and Security Standards.

5. Charter Amendment

The City of Alexandria HMIS Governance Charter will be reviewed at least annually by the CoC. The HMIS Lead Agency will amend the Charter as needed to reflect the up-to-date guidance needed to ensure that the HMIS is administered in compliance with the CoC Program interim rule, and in conformance with the current HMIS Data Standards and related HUD Notices, and other federal, state and local funding requirements. Additionally, upon recommendation the Charter may be amended or repealed, or a new Charter may be adopted at any meeting of the CoC by a two thirds majority of the members present and voting, provided notice of the proposed amendments is given to each member seven days in advance of the meeting at which the vote is taken.

6. Responsibilities

The following chart describes the responsibilities of the five entities covered in this Charter.

HMIS Planning & Software Selection					
	CoC	CoC Lead	HMIS Lead	Gaps/ Needs Cmte	CHO
HMIS Planning and Strategic Activities - Insures that activities related to HMIS growth and use are developed, reviewed regularly, and in accordance with the CoC's goals.			X		
HMIS Program Milestones Development – Identifies general milestones for project management, including training, expanded system functionality, etc.			X		
Universal Data Elements – Ensures that the HMIS is able to manage the collection of each data variable and corresponding response categories for the Universal Data Elements as outlined in the HMIS Data and Technical Standards.			X		

	CoC	CoC Lead	HMIS Lead	Gaps/ Needs Cmte	CHO
Program-Specific Data Elements – Ensures that the HMIS is able to manage the collection of each data variable and corresponding response categories for the Program-specific data elements as outlined in the HMIS Data and Technical Standards.			X		
Unduplicated Client Records -Ensures the HMIS is able to generate a summary report of the number of unduplicated client records that have been entered.			X		
APR Reporting - Ensures the HMIS is consistently able to produce a reliable APR.			X		
HMIS Reports - Ensures the HMIS generates other client served, utilization summary, and demographic reports both at the system and program levels for purposes of understanding the nature and extent of homelessness in the CoC.			X		

HMIS Management & Operations – Governance and Management					
	CoC	CoC Lead	HMIS Lead	Gaps/ Needs Cmte	CHO
HMIS Governance Structure – Ensures a HMIS governance model is developed and formally documented between the HMIS Lead Agency and the Continuum of Care. Ensures that a formal agreement that outlines management processes, responsibilities, decision-making structures, and oversight of the HMIS project has been executed (as evidence by a Memorandum of Understanding, Letter of Agreement, or similar such documentation). Regularly monitors the HMIS Lead and the Gaps and Needs Committee on adherence to the agreement.	X		X	X	
HMIS Oversight Inclusive Participation – Ensures Gaps and Needs Committee is inclusive of decision makers representing the CoC and community.	X		X	X	
HMIS Technical Support - Provides technical expertise commensurate with the general HMIS program oversight; provides timely support on high level technical matters; reviews and authorizes HMIS Software changes in response to the changing requirements of participating agencies; and, generally reviews and authorizes special issues brought to it by participating agencies.			X		
HMIS Software Technical Support – Provides technical expertise commensurate with the requirements of the HMIS software and/or system; provides timely support on software technical matters; is responsible for implementation of authorized changes to the HMIS software and processes; and, generally implements resolutions to any special issues within the software and/or overall system.			X		
HMIS IT Issue Tracking – Maintains a regularly updated list of HMIS system service requests, activities, deliverables, and resolutions.			X		
HMIS IT Issue Monitoring (Community Level) - Regularly reviews HMIS System service requests, activities, deliverables and resolutions. Provides authoritative support when necessary to expedite IT issue resolution.			X		
HMIS Staff Organization Chart – Maintains a current and accurate organization chart that clearly identifies all team members, roles and responsibilities, and general work activities/functions. Organization chart is available for review.			X		
HMIS Software Training - provides regular training on software usage, software and data security, and data entry techniques to participating agencies. Develops, updates, and disseminates data entry tools and training materials. Monitors and insures system integrity.			X		
HMIS User Feedback – Manages and maintains mechanisms for soliciting, collecting, and analyzing feedback from end users, program managers, agency executive directors, and homeless persons. Feedback includes impressions of operational milestones and progress, system functionality, and general HMIS operations (e.g., satisfaction surveys, questionnaires, and focus groups).			X		
System Operation and Maintenance - Responsible for the day- to-day system operations and maintenance.			X		

HMIS Management & Operations – Compliance Monitoring					
	CoC	CoC Lead	HMIS Lead	Gaps/ Needs Cmte	CHO
HMIS Management Issues - Insures that the HMIS is managed in accordance to CoC policies, protocols, and goals.	X			X	
HMIS Program Milestones Monitoring – Monitors milestones, notes variances, and reports variances to CoC membership.			X	X	
Agency and Program HMIS Participation – Regularly monitors program and agency-level participation in HMIS via comparison of point-in-time census of beds/slots versus clients served and reports findings to CoC on a regular basis. Evidence of monitoring reports is available for review.			X	X	
AHAR Participation – Ensures participation in the AHAR (Annual Homeless Assessment Report).			X		X
Client Consent - Ensures the completion and documentation of client consent, as appropriate with the CoC's Client Consent Policies and Protocols.			X		X
Data and System Security - Ensures adherence by agency staff with the HMIS data and system security protocols as outlined by the CoC and the HUD HMIS Data and Technical Standards.			X		

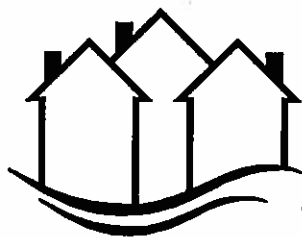
HMIS Management & Operations – Data Quality					
	CoC	CoC Lead	HMIS Lead	Gaps/ Needs Cmte	CHO
Data Quality Standards - Develops and enforces community level data quality plan and standards.	X		X	X	
Universal Data Elements – Ensures the collection of each data variable and corresponding response categories on all clients served by McKinney Vento funding.			X		X
Program-Specific Data Elements – Ensures the collection of each data variable and corresponding response categories specific to their program type on all clients served by McKinney Vento funding.			X		X
Data Quality Reports – Regularly runs and disseminates data quality reports that indicate levels of data entry completion, consistency with program model, and timeliness as compared to the community data quality standards.			X		X
Data Quality Reports – Provides technical assistance and training in response to data quality reports disseminated to participating programs that indicate levels of data entry completion, consistency with program model, and timeliness as compared to the community data quality standards.			X		X
Data Quality Reports – Regularly runs and disseminates data quality reports to the community planning entity that indicate cross program levels of data entry completion, consistency with program model, and timeliness as compared to the community data quality standards.			X		
Data Quality Reports - Regularly reviews data quality reports at community planning level on data entry completion, consistency with program model, and timeliness as compared to the community data quality standards.	X		X	X	

HMIS Policy Development & Oversight					
	CoC	CoC Lead	HMIS Lead	Gaps/ Needs Cmte	CHO
Client Confidentiality and Privacy Training - provides regular training on client confidentiality and privacy requirements to intake staff, data entry staff and reporting staff at participating agencies. Insures all agencies have sufficient privacy policies and protocols.			X		X

	CoC	CoC Lead	HMIS Lead	Gaps/ Needs Cmte	CHO
Performance Measurement Training - provides regular training and/or guidance on program performance measurement.		X	X	X	
Community Planning Goals and Objectives Training – provides training and regularly reviews the progress of the CoC Planning Goals and Objectives.	X			X	
Business Practices Training - provides training and guidance on business practices to support CoC and HMIS policies (CoC-specific protocols, ethnics, strategies for communication, etc.)	X				
Program Funding Training and Orientation – All required HMIS participants (McKinney-Vento funded programs such as ESG, SHP, HSG, and HPP projects that target homeless) have received training and orientation on regulations pertaining to McKinney Vento funding requirements.		X			
Participating Agency Documentation – Maintains documentation of the number of participating agencies utilizing the system is up-to-date as well as a comparative analysis of planned versus actual deployments at the project level if applicable.			X		
Participation Rates – Regularly reviews/monitors the HMIS participation/coverage rates of the CoC. If rates are less than 75% provides an explanation for the barriers to implementation at specific agencies. Ensures that ongoing engagement activities and barrier resolution occur with nonparticipating agencies.			X		
Participation Rates – Provides regular reports on HMIS participation rates to CoC with an analysis of agency-specific barriers with potential solutions if applicable.			X		
Policies and Procedures - Ensures the existence and use of HMIS Policies and Procedures.			X		
Agency Participation Agreement – Ensures and maintains written agreements with participating agencies that describes the protocols for HMIS participation.			X		
Data Sharing Agreements – Ensures and maintains written agreements with participating agencies who share client level data that describes the level of data element or program information sharing among the data sharing HMIS agencies.			X		
HMIS End-User Agreement – Ensures and maintains a written agreement with each authorized user of the HMIS that defines participation protocols, including training criteria, consent protocols, system use, and privacy and security standards.			X		
Client Consent – Ensures that the CoC has a defined and documented client consent protocol for use as a baseline practice among all participating HMIS users.			X		
Data Release – Ensures that the CoC has a defined and documented HMIS data release protocol that governs release of all data from the HMIS.			X		

Other Federal Requirements

	CoC	CoC Lead	HMIS Lead	Gaps/ Needs Cmte	CHO
Drug-Free Workplace – The HMIS Grantee has adopted a drug-free workplace policy. The policy is posted and available for public review.		X	X		X
Homeless Client Participation – At least one homeless person or formerly homeless person participates in policymaking. Participation can include but is not limited to governing board leadership, advisory committees, staff positions, and sub-committee positions.	X				
Conflict of Interest – The HMIS Grantee has adopted a conflict of interest policy for board members, staff, and volunteers.	X				
Equal Opportunity and Non-Discrimination Policy – The HMIS Grantee has adopted an equal opportunity and non-discrimination policy. The policy is posted and available for public review.	X	X	X		X



The Partnership to Prevent and End
Homelessness in the City of Alexandria

Homeless Management Information System Policies & Procedures

Table of Contents

Introduction	2
Contact Information	3
What is HMIS?	5
Who Mandates the Use of HMIS?	5
What is the Impact on the City of Alexandria?	5
What Are the Participation Requirements?	6
Who Is Exempt from HMIS?	6
Why Do We Use HMIS?	7
What HMIS Product Do We Use?	7
What Are the Hardware, Connectivity and Computer Security Requirements?	7
What Are the Key HMIS Roles?	8
Who Can Access the City of Alexandria HMIS?	9
How Can an Organization Participate in HMIS?	9
How Can a Person Obtain Access to the HMIS?	10
What are the Privacy, Confidentiality and Security Standards?	11
User Name and Passwords	12
What Are the HMIS Data Entry & Data Standards?	14
Data Entry	14
What Are the Two Levels of Consent?	15
What Are the Two Types of Consent?	15
What is the Order to Entering Data? - City of Alexandria ServicePoint Data Entry Workflows ..	15
What About HMIS Data Quality?	15
How Is HMIS Data Used?	16
Who Owns the HMIS Data?	17
How Do I Access HMIS Technical Support?	17

APPENDICES

Appendix A – Glossary of Terms	18
Appendix B – Workstation Technical & Security Specifications Checklist	20
Appendix C – User Policy & Code of Ethics	21
Appendix D – User Responsibility Statement	22
Appendix E – Contributory HMIS Organization List	23
Appendix F – Notice of Data Entry and Personal Privacy Information	24
Appendix G – Authorization for Release of Information	25
Appendix H – Required HMIS Service Transactions by Program/Program Type	26
Appendix I – Residential Data Entry Workflow Outline	27
Appendix J – Referenced Federal, State and Local Guidance	28

HMIS Lead Contact Information

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Introduction

What is HMIS?

The Homeless Management Information System (HMIS) is a web-based software application designed to record and store client-level information on the characteristics and service needs of persons experiencing or at risk homelessness in the City of Alexandria as well as program-level information on the provision of housing and services. HMIS knits together the homeless prevention and assistance providers within our community and creates a more coordinated and effective delivery system.

HMIS provides a standardized tool for our partners to collect information about homeless and at-risk populations in our community to better understand the characteristic of these populations' demographics, patterns of homelessness, use of services, and the unique needs of specific sub-populations such as veterans and the chronically homeless. HMIS allows for program-specific as well as system-wide reporting of data, which assists in the measuring of program and system outcomes and the overall reduction of homelessness in the City.

Who Mandates the Use of HMIS?

HMIS Standards were developed in response to a series of Congressional directives beginning with the FY 1999 HUD Appropriations Act. In that year, Congress directed the U. S. Department of Housing and Urban Development (HUD) to collect HMIS data from a representative sample of six communities in order to develop an unduplicated count of homeless people nationwide and analyze the use and effectiveness of homeless assistance services. In subsequent years, Senate and House Appropriations Committee reports have reiterated Congress' directive to HUD to: 1) assist communities in implementing local HMIS, and 2) develop an Annual Homeless Assessment Report (AHAR) that is based on HMIS data

In addition to Congressional directive, HUD, other federal agencies and the U.S. Interagency Council on Homelessness are required under statutory authority to collect information on the nature and extent of homelessness. Programs authorized under McKinney-Vento Act funding are required to use HMIS to:

- Assess the service needs of homeless persons;
- Ensure that services are directed to meeting those needs;
- Assess the outcomes of these services in enabling homeless persons to become more self-sufficient; and
- Report to Congress on the characteristics of homeless persons and effectiveness of federal efforts to address homelessness.

How Does this Impact the City of Alexandria?

The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act, enacted into law on May 20, 2009, requires that all McKinney-Vento funded communities have an HMIS with the capacity to collect unduplicated counts of individuals and families experiencing homelessness. Through HMIS, our community must be able to collect information from providers serving homeless persons to use as part of our needs analyses and to establish funding priorities.

HEARTH codifies into law certain data collection requirements integral to HMIS, and makes, HMIS participation a statutory requirement for recipients and sub-recipients of the federally funded CoC Program Grant and Emergency Solutions Grant (ESG). Additionally, the Virginia Department of Housing & Community Development (DHCD) requires the use of HMIS by all state and federal pass-through homeless prevention and homeless assistance funding recipients.

Recognizing that the Health Insurance Portability and Accountability Act (HIPAA) and other Federal, State and local laws may further regulate certain agencies, the HMIS Lead may negotiate its procedures and/or execute appropriate business agreements with Contributory HMIS Organizations (CHOs) so they are in compliance with applicable laws.

HMIS Participation Policy

What Are The Participation Requirements?

The City of Alexandria HMIS complies with the HUD data collection, management, and reporting standards. These operating policies and procedures comply with the HUD *2010 HMIS Data Standards*; the *Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH)*; the *Continuum of Care Program Interim Final Rule*; and related HUD notices.

Mandated Participation

All providers that receive federal or state funding to provide homeless prevention, rapid rehousing, and/or homeless services assistance must meet the minimum HMIS participation standards as defined by this Policy and Procedures manual. Providers include: the Homeless Service Assessment Centers, homeless prevention service providers, emergency shelters, rapid re-housing service providers, transitional housing programs, permanent supportive housing programs, and the safe haven. These mandated participating providers are required to comply with all applicable operating procedures and must execute and comply with the Contributory HMIS Organization participation agreement.

Voluntary Participation

While currently there is not a federal, state or local mandate for non-McKinney-Vento funded providers to contribute HMIS data, The Partnership strongly encourages participation of all homeless prevention and services providers as a responsibility of CoC membership. HMIS participation is not only beneficial to the individual organization, but it also enables the CoC to achieve the most comprehensive and accurate understanding of homelessness in our community and supports The Partnership's mission to prevent and end homelessness in the City of Alexandria. All voluntary HMIS contributing organizations must meet the minimum participation standards.

Who is Exempt from the Use of HMIS?

In accordance with the Violence Against Women and Department of Justice Reauthorization Act of 2005 (VAWA) Sec. 605. Amendment to the McKinney-Vento Homeless Assistance Act, victim service providers are exempt from entering client-level data into HMIS.

Victim service providers include nonprofit organizations whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking, such as rape crisis centers, battered women's shelters, and domestic violence transitional housing programs. This also includes faith-based programs and homeless shelters which have specific victim services programs or umbrella organizations that have a specific victim services program as part of their organization. In those cases, confidentiality protections would only extend to the specific program in question, unless the larger organization receives VAWA or Family Violence Prevention & Services Act Grant Program (FVPSA) funding and falls under the Section 3 protection.

Domestic and sexual violence programs that received sub-grants through the American Recovery and Reinvestment Act of 2009 (ARRA) Homelessness Prevention and Rapid Re-Housing Program (HPRP) were not permitted to enter data directly in HMIS, but required to use a comparable database to generate and submit unduplicated aggregate quarterly reports about individuals and families served with HPRP funds.

All other programs that are not primarily dedicated to serving victims of domestic violence, dating violence, sexual assault and stalking but provide services to such victims, are required to enter client-level data in HMIS.

Why Do We Use HMIS?

The CoC implemented HMIS in the City of Alexandria in July 2005 in accordance with HUD and DHCD funding requirements. In addition to federal and state mandate, The Partnership to Prevent and End Homelessness in the City of Alexandria (The Partnership) has since found the standardized use of HMIS critical to providing reliable usable data and analysis on the extent and nature of homeless and the effectiveness of the homelessness prevention and homeless service delivery system in preventing and ending homelessness in our community

What HMIS Product Do We Use?

HMIS Vendor is **Bowman Systems LLC**.

HMIS Software Application is **ServicePoint, Version 5 (SP5)**.

What Are The Hardware, Connectivity and Computer Security Requirements?

Workstation Specifications – The minimum desktop specifications for ServicePoint 5 are:

- **Computer:** PC only (Bowman Systems does NOT support Macintosh).
- **Tablet:** Ipad's with IOS 6 and up on the Safari browser.
- **OS/Memory:**
 - Vista – 4 GB recommended (2 GB minimum)
 - XP (Service Pack 3) – 2 GB recommended (1 GB minimum)
 - Windows 7 – 4 GB recommended (2 GB minimum)
- **Monitor:** Screen Display - 1024 x 768 (XGA)
- **Processor:** A Dual-Core processor is recommended.
- **Internet Connection:** Broadband
- **Browser:** Google Chrome is recommended. Internet Explorer 10 is supported. Other browsers work with varying results.

Internet Connectivity

Contributory HMIS Organizations must have Internet connectivity for each workstation accessing the HMIS. To optimize performance, all agencies are encouraged to secure a high speed Internet connection with a cable modem, DSL, or T1 line.

Security Hardware/Software

All workstations accessing the HMIS need to be protected by a Firewall. If the workstations are part of an organization's computer network, the Firewall may be installed at a point between the network and the Internet or other systems rather than at each workstation. Each workstation also needs to have anti-virus and anti-spyware programs in use and properly maintained with automatic installation of all critical software updates. Good examples of anti-virus software include McAfee and Symantec (Norton) Security systems, among others.

Workstation Access Control

Access to the HMIS is allowed only from computers specifically identified by the Contributory HMIS Organization Executive Director or authorized designee, or HMIS Agency Administrator. Laptop computers require an additional security statement indicating that they will not be used for unauthorized purposes from unauthorized locations. Access to these workstations must be controlled by physical security measures and a log-in password. Each Contributory HMIS Organization Agency Administrator determines the physical access controls appropriate for their organizational setting based on HMIS security policies, standards and guidelines. No workstations, including laptops are to be used off-site unless previously authorized in writing by the HMIS Lead System Administrator. Workstations, including laptops, must have appropriate and current firewall and virus protection as specified above, (see *Workstation Specifications*). Devices must only access secured, password-protected Wi-Fi with non-public access.

What are the Key HMIS Roles?

HMIS Lead Agency: Serves as the, responsible for maintaining the contractual agreements and payments with Bowman Systems LLC. Additionally, the City provides the System Administrator support needed to operate and manage the system.

System Administrator: The DCHS designee who is responsible for an array of administrative and IT duties including but not limited to:

- Serving as the point of contact, providing primary technical support for the HMIS Agency Administrators and End Users;
- Working with Bowman Systems LLC to insure proper operations and timely addressing of problems;
- Coordinating and/or facilitating the initial training for new End Users and when needed refresher training for Agency Administrators and End Users as needed;
- Designing the HMIS structure to reflect agency/program-specific operational environments and data entry needs;
- Creating, re-designing; and/or implementing assessments, workflows, policies, procedures and reports;
- Educating End Users on the proper use of the HMIS;
- Ensuring that the HMIS User Policies, Responsibilities and Code of Ethics; and other requirements are met; and
- Conducting annual audits of Contributory HMIS Organization workstations and as applicable, client records;
- Keeping The Partnership Governing Board informed of the HMIS operations.

Contributory HMIS Organization: A service provider authorized to operate and contribute client-level and program-level data into the City of Alexandria HMIS. Responsibilities include but are not limited to:

- Purchasing new user ServicePoint and Advance Reporting Tool (ART) licenses and paying annual associated access fees for each End User;
- Providing HMIS workstations that meet all technical specifications and security requirements;
- Identifying at least one Agency Administrator that will carry out duties specific to that role;
- Identifying at least one End User responsible for entering into HMIS client-specific data for persons served at the respective organization/program; and
- Ensuring that the responsibilities of the Agency Administrators and End Users conducted as required.

Agency Administrator: The Contributory HMIS Organization's point of contact designee responsible for managing the organization's HMIS data entry, running of reports for data accuracy and security, and provision of training for End User staff of their respective organization. Responsibilities include but are not limited to:

- Maintaining and abiding by the most current copy of the HMIS User Policies, Responsibilities and Code of Ethics;
- Ensuring proper training has taken place for the end users and that all HMIS policies and procedures are followed by all agency Users
- Monitoring and ensuring adherence to data security, privacy and technical standards and requirements
- Notifying the HMIS Lead Agency System Administrator of any staff turnover
- Ensuring the appropriate location, security and equipping of HMIS workstations;
- Serving as the primary point-of-contact for providing technical assistance to Users
- Ensuring that each new End User has signed the End User Agreement;
- Resetting temporary passwords to End Users;
- Monitoring and ensuring the Contributory HMIS Organization's data entry and data quality
- Ensuring the correction of HMIS data inaccuracies;
- Acting as the point of contact for client inquiries, client corrections, and client complaints;
- Maintaining all versions of HMIS notices, changes to forms, and other documentation; and

- Reporting to the System Administrator any HMIS violations or activities/behavior inconsistent with the HMIS User Policies, Responsibilities and Code of Ethics.
- Submitting required reports to the HMIS Administrator as requested
- Participating on the HMIS subcommittee as needed

End User: A person designated by a Contributory HMIS Organization to enter client-specific HMIS data for persons accessing services within their organization. Responsibilities include but are not limited to:

- Maintaining and abiding by the most current copy of the HMIS User Policies, Responsibilities and Code of Ethics;
- Maintaining the confidentiality of client data – treating the information that an individual has disclosed in a relationship of trust and with the expectation that it will not be divulged to others without permission in ways that are inconsistent with the understanding of the original disclosure;
- Safeguarding and not providing disclosing or sharing HMIS usernames and/or passwords;
- Entering client-specific data for all persons served at the Contributory HMIS Organization in an accurate, timely fashion according to City of Alexandria HMIS data entry standards; and
- Reporting to the Agency Administrator or the System Administrator any HMIS violations or activities/behavior inconsistent with the HMIS User Policies, Responsibilities and Code of Ethics.

Who Can Access the City of Alexandria HMIS?

Only eligible persons given authorization from the HMIS Lead System Administrator will be given access to HMIS.

Eligible Users

Contributory HMIS Organizations may only authorize use of HMIS to persons who need access to ServicePoint for the purposes of data entry, editing and/or viewing of client records; report writing; program administration and evaluation; or other essential activities directly associated with carrying out the responsibilities of assisting persons experiencing or at risk of homelessness. Annually, the System Administrator will require Contributory HMIS Organizations to review a list of active End Users and confirm that they will require continued access to HMIS.

All persons accessing HMIS must complete a mandatory training. Service Point usernames and passwords will be provided during training.

How Can an Organization Participate in HMIS?

HMIS participation is open to members of The Partnership to Prevent and End Homelessness in the City of Alexandria who serve persons experiencing or at-risk of homelessness. To receive consideration for becoming a Contributory HMIS Organization, an organization must submit a written request to the HMIS Lead Agency. The HMIS Lead Agency will determine the organization's eligibility according to local, state and federal statutory and procedural guidelines, and present all requests to the CoC Governing Board for review. The HMIS Lead Agency will notify in writing with reference justification the organizations that do not meet participation eligibility requirements. The HMIS Lead Agency maintains the final authority to determine an organization's appropriateness to become a Contributory HMIS Organization.

New Contributory HMIS Organization Implementation

Prior to setting up a new Contributory HMIS Organization within the HMIS database, the HMIS Lead System Administrator will verify that the following required documentation has been correctly executed and submitted or viewed on site:

- Certification of Initial Implementation Requirements
- Agency Participation Agreement
- Information Security Protocol
- Designation of Agency Administrator
- Verification of License Purchase and/or User Fee Payment

The HMIS Lead Agency System Administrator will work with the Contributory HMIS Organization Agency Administrator to input applicable organization and program information

Designating Agency Administrators

Each Contributory HMIS Organization must designate at least one Agency Administrator who is the organization's point of contact and representative for HMIS.

How Can a Person Obtain Access to the HMIS?

The Agency Administrators from current Contributory HMIS Organization must submit a request in writing to the System Administrator to purchase new user licenses and add new End Users. Before access is granted to HMIS, a prospective End User must complete the User Policy & Code of Ethics Form and User Responsibility Statement, receive a user license(s) and unique password, and attend a New End User Training session.

Setting Up a New HMIS Users

New Contributory HMIS Organizations must purchase and pay the annual user fees for at least one ServicePoint user license and one Advanced Reporting Tool (ART) Gallery license.

Contributory HMIS Organizations may purchase additional licenses by submitting a written request to the System Administrator. An itemized invoice will be provided to the requesting organization for approval by the Executive Director or authorized designee prior to processing the license request.

If the Contributory HMIS Organization wants to authorize system use for a new user, the organization's Executive Director, Agency Administrator or authorized designee must:

- Ensure the organization has purchased or transferred the appropriate licenses (ServicePoint and Advanced Reporting Tool (ART) when if applicable for the perspective new User
- Determine the access level of the perspective new User
- Submit a written request to the System Administrator
- Coordinate with the System Administrator to schedule or conduct new User HMIS training
- Ensure that the new User acknowledges receipt, understanding and agreement to abide by all HMIS policies and procedures

The System Administrator must:

- Verify that the organization has appropriate newly purchased or transferred licenses (ServicePoint and ART, if applicable) available for the perspective new User
- Verify that the HMIS Policies & Procedures Manual and HMIS User Responsibility Statement and User Policy & Code of Ethics agreements have been correctly executed
- Verify that appropriate and sufficient training has been successfully completed
- Secure the new user ID and password in Service Point

Volunteers have the same user requirements as paid staff. They must have an individual user account, complete the same training, and have the same agreements and confidentiality and privacy documents signed and on file with the organization they serve.

The Executive Director, Agency Administrator or authorized designee is responsible for ensuring that all Users understand and comply with all applicable HMIS policies and procedures.

User Access Levels

All HMIS users must be assigned a designated user access level that controls the level and type of access the user will have within the system. Each user will only have access to client-level data that is collected by their own agency unless they participate in Open System or other Data Sharing group.

Discontinuing HMIS User Access

Contributory HMIS Organizations are responsible for ensuring that only active users have access to HMIS. If a User's employment or volunteer services are terminated with the organization or a User no longer needs access to the HMIS, the Agency Administrator or other authorized individual must ***immediately*** notify the System Administrator in writing so that User access is terminated by inactivating and deleting the user license. To ensure data protection, the System Administrator will immediately remove HMIS access to the End User in question and notify the organization when the action has been completed.

HMIS Privacy, Confidentiality & Security Policy

What are the Privacy, Confidentiality and Security Standards?

The City of Alexandria Continuum of Care (CoC) utilizes a partially "open" HMIS, allowing providers to search the system for clients and see where they have received services within the continuum of care. This sharing of client data in HMIS is critical to the most efficient and effective planning and provision of seamless and collaborative services. Client services are enhanced, systems operate more efficiently and our community is better enabled to identify and address community needs and gaps.

Recognizing that the Health Insurance Portability and Accountability Act (HIPAA) and other Federal, State and local laws may further regulate certain agencies, the HMIS Lead may negotiate its procedures and/or execute appropriate business agreements with Contributory HMIS Organizations (CHOs) so they are in compliance with applicable laws.

Contributory HMIS Organizations that must comply with HIPAA regulations have the option to "close" areas of the client record specifically addressing services covered under HIPAA to sharing with other agencies. A Release of Information (ROI) must be completed in the HMIS client record in order for sharing to be activated and the information visible to other programs and/or agencies.

System Security

ServicePoint is a web application that uses a 128-bit encryption, user authentication, and user access levels to protect it from intrusion.

Contributory HMIS Organizations must provide a secure location for the computers that will access HMIS and an information technology security policy that addresses the following:

- Privacy including password security
- Screensaver usage
- Security awareness and training
- Firewall
- Virus Protection/Detection
- Restriction of access to HMIS in public settings and or public forums

Contributory HMIS Organization Information Security Protocol Requirements

At a minimum, Contributory HMIS Organizations must develop rules, protocols or procedures to address the following:

- Internal agency procedures for complying with the HMIS confidentiality requirements and provisions of other HMIS client and agency agreements
- Posting a sign in the areas of client intake that explains generally the reasons for collecting personal information
- Preventing user account sharing
- Protection of unattended workstations
- Protection of physical access to workstations where employees are accessing HMIS
- Safe storage and protected access to hardcopy and digitally generated client records and reports with identifiable client information
- Proper cleansing of equipment prior to transfer or disposal
- Procedures for regularly auditing compliance with the agency's information security protocol

User Confidentiality and Security Requirements

Users must be aware of the sensitivity of client-level data and take appropriate confidentiality and security measures to prevent unauthorized disclosure. Users must protect institutional information to which they have access and report security violations. End Users must comply with all policies and standards described within this *Policies and Procedures Manual*.

Prior to being granted a username and password, users must sign the HMIS User Policy & Code of Ethics and HMIS User Responsibility Statement acknowledging receipt and pledging. End Users are accountable for their actions and for any actions undertaken with their usernames and passwords. Agency Administrators must ensure that all End Users have received adequate training prior to being given access to the HMIS database.

User Name and Passwords

User Name

User names are issued by the HMIS System Administrator only. The System Administrator must ensure that user names are unique.

Each End User is assigned a role that determines the level and extent of system access (i.e., what the user can and cannot do or see.)

End Users must sign a user responsibility agreement before a username and password is assigned.

Passwords

Temporary passwords are issued for each user at the time HMIS access is granted.

End Users must maintain, safeguard and never share their passwords. Passwords shall be protected by the individual End User from use by or disclosure to any other individual or entity. Passwords shall not be anything that can be easily associated to the account owner. If the security of the password is in doubt, it shall be changed immediately.

Passwords shall not be written or stored in a location (physical or logical) in which any person other than the password owner has access. End Users shall not allow the internet browser to remember their password.

Password Resets

End Users can contact their Agency Administrator or the System Administrator to obtain a new temporary password.

Privacy, Confidentiality, and Security Violations

The HMIS Lead Agency will investigate all potential violations of security protocols. Any user found to be in violation of security protocols will be sanctioned. Sanctions may include, but are not limited to: 1) A formal letter of reprimand; 2) Suspension of system privileges; or 3) Revocation of system privileges. Egregious or repeated violations will result in sanctions to the Contributory HMIS Organization.

HMIS Data Entry Policy & Data Standards

HMIS Data Standards

The data fields collected in HMIS are in compliance with the HUD 2010 *HMIS Data Standards*. However, there are additional fields that the CoC has determined are necessary to collect to better understand and serve the homeless and at-risk populations in our community. HMIS data fields and pick lists are reviewed at least annually to ensure compliance with the HMIS data standards and alignment with CoC planning and service delivery needs.

HMIS Notice and Releases of Information

All HMIS Contributory HMIS Organization /programs must display and explain the HMIS notice to clients. The HMIS Notice and Release of Information must be maintained in the client file. The review of the release of information must be recorded in HMIS; and when granted, it activates the system's data sharing functions.

Client Notice

The HMIS Lead Agency has prepared and provided the standard Notice of HMIS Data Entry and Personal privacy Information as well as the Client Authorization for Release of Information. All written consent forms must be stored in a client's case management file for record keeping and auditing purposes.

Applicability of Consents

The Contributory HMIS Organization shall uphold Federal and State Confidentiality regulations to protect client records and privacy. If an agency is covered by the Health Insurance Portability and Accountability Act (HIPAA), the HIPAA regulations prevail.

Data Entry

Authorized Contributory HMIS Organization End Users must directly enter client-level data into the HMIS database. End Users are given privileges to access data for clients served by their Contributory HMIS Organization and to use HMIS functionality based on their User level. Data entered by the Contributory HMIS Organization is the property of the HMIS Lead and is stored in the HMIS central database server, which is protected by several levels of security to prevent access from unauthorized users.

Contributory HMIS Organizations must ensure that End Users:

- Collect all universal data elements, as defined by HUD, for all programs funded to serve persons who are homeless, formerly homeless, or at risk of becoming homeless.
- Enter federal, state, and CoC-required client level data for all Contributory CoC Programs.
- Complete data entry within the required timeframes.
- Comply with all HUD regulations for HMIS participation.

When?

HMIS data entry must be accurate, complete and timely. Ideally, client data is entered immediately upon receipt. However, it must be entered at the latest within 2 business days of receipt.

Where & How?

All HMIS data entry must be conducted at authorized Contributory HMIS Organization workstations. Those that are:

1. Accessed via a non-public forum
2. Securely located from public view
3. Equipped with the following security measures:
 - a. A log-on Password
 - b. Locking password-protected screensavers
 - c. Current internet virus protection and firewalls with regular updates

What Are the Two Levels of Consent?

There are two levels of consent for the use of data in the City of Alexandria HMIS: 1) Consent to use data within a Contributory HMIS Organization; and 2) Consent to share data across programs to coordinate case management and services delivery.

What Are the Three Types of Consent?

There are two types of consent that must be granted in order for client data to be shared in City of Alexandria HMIS: 1) Informed Consent – Written & Signed Notification given at intake; and 2) Written Consent – Signed ROI in HMIS.

Is There an Order to Entering Data? - City of Alexandria HMIS Data Entry Workflows

HMIS End Users must follow an authorized Data Entry Workflow when entering data into HMIS. Listed below are the current authorized Data Entry Workflows for the City of Alexandria HMIS.

1. Homeless Services Assessment Center (HSAC)
2. Emergency Shelter
3. Winter Shelter
4. General Residential (Safe Haven, Transitional Housing & Permanent Supportive Housing)
5. David's Place Day Shelter
6. Community Case Management
7. Services (Prevention, Diversion, Rapid Re-Housing)

What About HMIS Data Quality?

Contributory HMIS Organizations and programs must review their program and client information at least monthly to ensure information is correct, up to date and reliable. Agencies have an array of reports available in the ServicePoint and Advanced Reporting Tool (ART) that allow data review for quality, verification, and consistency. Data deficiencies should be addressed as soon as they are identified. By the 5th of each month, Agency Administrators must certify that the HMIS data has been reviewed. They must submit a Data Quality Verification for all Contributory HMIS Organization programs along with the specific null value/error-free reports to the System Administrator.

HMIS data entry will be accurate, complete, timely and according to appropriate program type Data Entry Workflow Outline listed above. HMIS Data Entry Workflow Outlines are initially provided at the time of new End User training, upon amendment, and are also available upon request.

Data Quality Standard

- All names, dates of birth and social security numbers provided will be accurate.
- Blank entries in required data fields will not exceed 5% per month
- Data inconsistencies or missing data will not exceed 10% as per AHAR participation rules
- HMIS program Entry/Exit must be completed within 48 hours or 2 business days of the client's physical program Entry/Exit.
- HMIS program Entry and Exit dates must reflect those of the client's actual program entry and exit. Service Transactions must have a recorded start and end date according to the applicable HMIS Data Entry Workflow Outline.
- Data entry is ideally completed immediately upon receipt of client information, and must be completed at the latest within 48 hours or 2 business days.

Responsibility

Each Contributory HMIS Organization is responsible for implementing these data standards in such a way that:

- Specifies the data quality standards to be used by all agency Users
- Provides a mechanism for monitoring adherence to the standard
- Provides the necessary tools and training to ensure compliance with the standard
- Includes strategies for working with Users that are not in compliance with the standard

Open Systems Data Quality

Client-specific data, corrections and updates to client information will be made by the most current program. When duplicate information is found, the agency will notify HMIS Administrator so the client data can be merged.

Data Quality Monitoring

Contributory HMIS Organizations are required to run and submit to the HMIS Administrator the following error-free or error-explained monthly data quality reports:

- 0220 – Data Incongruity Locator
- 0252 – Data Completeness Report Card
- 0253 – Income Data Quality
- 0625 – HUD CoC APR
- 0631 – CoC APR Detail (Provides detailed breakdown of 0625 information)
- REVISED Entry Services Incongruities Report

Agency Administrators are strongly encouraged to run the above listed data quality reports more frequently and to utilize all available canned reports in ServicePoint to most effectively manage data quality and become more effective in serving our clients across the Continuum. The HMIS System Administrator will perform regular data integrity checks on the HMIS data, which will include the following steps:

- Run the above listed and other available data quality reports.
- Notify Agency Administrators of findings and timelines for correction.
- Re-run reports for errant agencies/programs, as requested. Follow up with Agency Administrators, if necessary.
- Notify Executive Directors if agency administrators are not responsive to required corrective actions.
- Notify the Gaps and Needs Committee Chair, CoC Governing Board Chairs, and CoC Lead regarding any uncorrected data quality issues.

How Is HMIS Data Used?

HMIS data is the source for federal, state and local reporting. HUD and other federal, state and local level planners and policymakers at the use aggregate HMIS data to obtain better information about the extent and nature of homelessness over time. Specifically, HMIS is used to produce an unduplicated count of homeless persons, understand patterns of service use, and measure the effectiveness of homeless programs.

HMIS' ability to de-duplicate client data and provide complete program and system information is critical to understanding the homeless and at-risk populations. The CoC uses submitted HMIS data in aggregate form for analytical and administrative purposes, including the preparation of grant applications, reports to funders, and the submitting of data for regional and national aggregation.

HMIS is used to generate the following federal program and system-wide reports:

- HUD Annual Performance Reports (APR)
- Annual Homeless Assessment Report to Congress (AHAR)

In addition HMIS is used to generate the following state and local reports:

- ESG, HSG, HPP Quarterly and Annual Reports
- Annual Point-In-Time Count of the Homeless Persons (PIT)
- CoC Dashboard and Planning Reports
- CoC Outcomes Measurement Reports

HMIS Data Ownership

The data contained in a client's HMIS record maintained by the HMIS Lead software is the physical property of the HMIS Lead Agency. In the event that the relationship between the HMIS Lead and a Contributing HMIS Organization is terminated, the Contributing HMIS Organization access is terminated. If another Contributing HMIS Organization assumes the program administration then the data will be migrated to the new provider (fees may apply).

HMIS Data Release Policies and Procedures

Data Release Criteria

HMIS client data will be released only in aggregate, for any purpose beyond those specified above, according to the criteria specified below.

Aggregate Data Release Criteria

All released data must be anonymous, either by removal of all identifiers and/or all information that could be used to infer an individual or household identity.

How Do I Access HMIS Technical Support?

Please use the following procedures for HMIS technical support:

During the normal HMIS Lead Agency business hours:

- 1) End Users should direct technical support questions to their organization's Agency Administrator.
- 2) In the event the question is still unresolved, Agency Administrator is unavailable or End User is the Agency Administrator, questions can be directed to the HMIS Administrator via e-mail or by phone. (*HMIS Lead Contact Information.*)

During Holidays and after the normal HMIS Lead Agency business hours:

- 1) In the event a question cannot be resolved by the provider's Agency Administrator, the Agency Administrator or End User may leave an e-mail or voicemail message for the HMIS Administrator, who will respond upon return on the next business day. (*See HMIS Lead Contact Information.*)
- 2) If the HMIS Administrator is absent during normal business hours, out of office e-mail and voicemail messages with guidance on obtaining technical assistance will be provided.

HMIS System Availability Policies

Every Wednesday from 10-11:00 Eastern Standard Time, ServicePoint is unavailable due to scheduled backup and maintenance by Bowman Systems. When the HMIS Lead receives notice of a planned interruption of service for other reasons, during normal business hours or for an extended period, the HMIS Administrator will notify End-Users and/or Agency Administrators via e-mail. If there is an unplanned interruption of service, the HMIS Administrator will communicate with Bowman Systems and notify End Users and/or Agency Administrators of any information regarding the interruption as it is made available.

If you have any questions about policies and procedures, please contact the HMIS Lead Agency System Administrator.

APPENDIX A –GLOSSARY OF TERMS

This section defines terms commonly used throughout this manual.

Annual Homeless Assessment Report (AHAR): HUD's annual report to Congress on the nature and extent of homelessness nationwide.

Annual Performance Report (APR): A reporting tool that HUD uses to track program progress and accomplishments of HUD homeless assistance and HPRP Programs on an annual basis. This was formerly known as the Annual Progress Report.

Client: An individual about whom a Contributory HMIS Organization (CHO) collects or maintains protected personal information: (1) because the individual is receiving, has received, may receive, or has inquired about assistance from a CHO; or (2) in order to identify needs, or to plan or develop appropriate assistance within the CoC.

Continuum of Care (CoC): The primary decision making entity defined by HUD as the official body representing a community plan to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximum self-sufficiency.

CoC Program: A program identified by the CoC as part of its service system, whose primary purpose is to meet the specific needs of people who are experiencing a housing crisis. Continuum of Care Programs may include: 1) Supportive Housing Program (SHP); 2) Shelter Plus Care (S+C) Program; 3) Section 8 Moderate Rehabilitation Single Room Occupancy (SRO) Program; 4) Continuum of Care (CoC) Program.

Contributory CoC Program: A homeless assistance or prevention program that contributes Protected Personal Information (PPI) or other client-level data to an HMIS.

Contributory Non-CoC Program: A program that is neither a homeless nor homeless prevention program that contributes PPI or other client-level data to an HMIS.

Contributory HMIS Organization (CHO): An organization that operates a contributory homeless assistance or homeless prevention program or contributory non-homeless assistance or homeless prevention program.

End User (or User) : An employee, volunteer, affiliate, associate, and any other individual acting on behalf of a CHO or HMIS Lead Agency who uses or enters data in the HMIS or another administrative database from which data are periodically uploaded to the HMIS.

Homeless Assistance Program: A program whose primary purpose is to meet the specific needs of people who are literally homeless (as defined in data element 3.11, Housing Status). Homeless assistance programs include outreach, safe haven, emergency shelter, transitional housing, rapid re-housing, permanent housing and permanent supportive housing.

Homelessness Prevention Program: A program whose primary purpose is to meet the specific needs of people who are imminently or at risk of losing their housing. Homeless prevention programs include those funded by HPRP and other homelessness prevention programs identified by the CoC as part of its service system.

Homeless Management Information System (HMIS): The information system designated by a CoC to process client-level and program-level and other data in order to create an unduplicated accounting of homelessness within the CoC. An HMIS may provide other functions beyond unduplicated accounting.

HMIS Lead Agency: An organization designated by a CoC to operate the CoC's HMIS on its behalf.

HMIS Participating Bed: For any residential homeless program, a bed is considered a "participating HMIS bed" if the program makes a reasonable effort to record all universal data elements on all clients served in that bed and discloses that information through agreed upon means to the HMIS Lead Agency at least once monthly.

HMIS Software Solution Provider: An organization that sells, licenses, donates, builds or otherwise supplies the HMIS user interface, application functionality and database.

HMIS Vendor: A contractor who is paid to provide services for the operation of a CoC's HMIS. An HMIS vendor includes an HMIS software solution provider, web server host, and data warehouse provider, as well as a provider of other contracted information technology or support.

Non-Contributory CoC Program: A CoC Program that does not contribute PPI or other client-level data to an HMIS.

Participating CoC Program: A Contributory CoC Program that makes reasonable efforts to record all the universal data elements and all other required data elements as determined by HUD funding requirements on all clients served and discloses these data elements through agreed upon means to the HMIS Lead Agency at least once annually.

Protected Personal Information (PPI): Information about a client: (1) whose identity is apparent from the information or can reasonably be ascertained from the information; or (2) whose identity can, taking into account any methods reasonably likely to be used, be learned by linking the information with other available information or by otherwise manipulating the information.

Processing: An operation or set of operations performed on PPI, whether or not by automated means, including but not limited to collection, maintenance, use, disclosure, transmission and destruction of the PPI.

Quarterly Performance Report (QPR): A reporting tool that HUD uses to track progress and accomplishments of HPRP funded programs on a quarterly basis.

Research: A systematic investigation, including research development, testing, and evaluation, designed to develop or contribute to generalizable knowledge.

Unduplicated Accounting of Homelessness: An unduplicated accounting of homelessness includes measuring the extent and nature of homelessness (including an unduplicated count of homeless persons), utilization of homeless programs over time, and the effectiveness of homeless programs.

Unduplicated Count of Homeless Persons: An enumeration of homeless persons where each person is counted only once during a defined period of time.

Victim Service Provider: A nonprofit or nongovernmental organization including rape crisis centers, battered women's shelters, domestic violence transitional housing programs, and other programs whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking.

APPENDIX B – WORKSTATION TECHNICAL & SECURITY SPECIFICATIONS CHECKLIST

SERVICE POINT VERSION 5.0 WORKSTATION TECHNICAL SPECIFICATIONS CHECKLIST

MEMORY

- If Vista – 4 Gig recommended, (2 Gig Required)
- If XP – 2 Gig recommended (1 Gig Required)

MONITOR

Screen Display – 1024 by 768 (XGA)

PROCESSOR

A Dual-Core

INTERNET CONNECTION

Broadband

BROWSER

- Firefox 3+ preferred
 - Google Chrome recommended
 - Internet Explorer 8 and others work with varying results
-

SERVICE POINT VERSION 5.0 WORKSTATION SECURITY REQUIREMENTS

Standard	Yes / No	Explanation
Is the computer that you are requesting to use to access HMIS in a secured location?		
Does the computer have a locking password-protected screen saver?		
Is the computer set up with a log on password?		
Does the computer have virus protection with auto update?		<u>Software Name:</u>
Are checks made to ensure the anti-virus program is current with updates?		<u>Frequency of Checks:</u>
Is the computer equipped with individual or network firewall protection?		<u>Software Name:</u>
Will the computer be used to access HMIS via a public forum: Ex: public library, etc.?		

APPENDIX C - USER POLICY & CODE OF ETHICS

USER POLICY & CODE OF ETHICS

*For The Partnership to Prevent and End Homelessness in the City of Alexandria (PPEH)
Homeless Management Information System (ServicePoint) & Advance Reporting Tool ART)*

USER POLICY

Licensed Contributory HMIS Organizations (CHOs) shall share information for the provision of services to homeless persons or those at-risk through the Homeless Management Information System (HMIS) among the Contributory HMIS Organizations. There are two types of information that providers will request for entry into HMIS; and, there are different rules about how and when each type is shared.

Basic Information - Name, Gender, Social Security Number, Date of Birth, Race, and Ethnicity. *(Sharing this information through the HMIS database helps to prevent counting the same person more than once. As a recipient of assistance and/or services clients give implied consent the above Basic Identifying Information to be entered and shared in the system.)*

Case Information (HUD Universal Data Elements, Program Entry/Exit, Homelessness Prevention and Rapid Re-Housing Data Elements and Services) including family composition, employment history, income, financial resources, assistance and benefits, military duty status, prior living situation, length of stay, zip code of last permanent address, housing status, homeless status, phone numbers, whether or not you have a disability, etc. *(Sharing this information will help service providers better identify needs in the community, assess the benefit of services provided, and expedite referrals for needed services. This information is shared only if clients give specific permission reading and signing **BOTH** the HMIS Notification Form **AND** the Uniform Authorization to Use & Exchange Information, Collective Release of Information, or a Provider-specific Release of Information.)*

Contributory HMIS Organizations are bound by all restrictions imposed by clients pertaining to the use of personal data that they do not formally release. It is a Client's decision about which information, if any, entered into the HMIS shall be shared and with which Contributory HMIS Organizations.

At a minimum the following data will be entered for All Clients:

- HUD universal data elements including Name, Date of Birth, Social Security Number, Gender, Race & Ethnicity
- Data required for the HUD Annual Progress Report (APR)
- Data required for the Local, State or Federal grant monthly or quarterly reports.
- Data necessary for the Point-In-Time Survey

The follow are required ServicePoint areas of data entry for all client records:

- Client Profile
- ROI (Release of Information)
- Entry/Exit
- Assessments Tab (HUD-40118, Housing Need, Point-In-Time, etc.)
- SSOM
- Service Transactions
- Case Worker Information

NOTE: Data entry into Case Plans including Goals and Action Steps is highly recommended.

USER CODE OF ETHICS

- A. HMIS Users must treat Partner Contributory HMIS Organization with respect, fairness and good faith.
- B. Each HMIS User must maintain high standards of professional conduct.
- C. HMIS Users have the responsibility to relate to the Clients of other Contributory HMIS Organizations with full professional consideration.

I understand and agree to comply with all the User Policy & Code of Ethics requirements listed above.

Homeless Management Information System User Printed Name & Signature

Date

APPENDIX D – USER RESPONSIBILITY STATEMENT

USER RESPONSIBILITY STATEMENT

Homeless Management Information System (HMIS)/ServicePoint and Advance Reporting Tool (ART)

USER RESPONSIBILITY

Your User ID and Password give you access to the City-wide Homeless Management Information System (HMIS). Initial below to indicate that you understand, accept and agree to abide by each statement below outlining the proper access and use of the HMIS. Failure to uphold the confidentiality and security standards set forth below is grounds for immediate termination from the Homeless Management Information System.

I understand, accept and agree that:

- _____ My User ID and Password are for my use only and must not be shared with anyone.
- _____ I must take all reasonable means to keep my Password physically secure.
- _____ The only individuals who may view information in the City of Alexandria Homeless Management Information System are authorized users and the clients to whom the information pertains.
- _____ Data in HMIS is privileged information and that I may only view, obtain, disclose, or use the information as necessary to perform my job duties and responsibilities.
- _____ If I am logged into HMIS and must leave the area where the computer is located, I **must log-off** of HMIS before doing so.
- _____ I will never leave a computer unattended that has HMIS "open and running."
- _____ My failure to appropriately log off of HMIS may result in a breach in client confidentiality and system security.
- _____ I will keep all hard copies of HMIS data (e.g., reports, etc.) in a secure file.
- _____ When hard copies of HMIS data are no longer needed, I will properly destroy them (i.e. shred or follow my organization's appropriate destruction policy for secure information).
- _____ If I notice or suspect a security breach, I must immediately notify my HMIS Agency Administrator (or HMIS System Administrator).
- _____ I must notify my HMIS Agency Administrator (or HMIS System Administrator) if there is a change in my HMIS access level, my job responsibilities no longer require me to access HMIS, or my employment ends.

I have read, understand and agree to comply with all the statements listed above.

Homeless Management Information System User Signature

Date

APPENDIX E – CONTRIBUTORY HMIS ORGANIZATION LIST

City of Alexandria Contributory HMIS Organizations

- Catholic Charities Diocese of Arlington
 - Christ House Transitional Housing Program
- City of Alexandria Department of Community & Human Services
 - Community Services Board Programs
 - PATH Outreach
 - Safe Haven
 - Transitional Housing Programs
 - Permanent Supportive Housing Programs
 - Office of Community Services
 - Alexandria Community Shelter
 - Prevention Programs
 - Homelessness Diversion
 - Rapid-Rehousing Programs
 - Winter Shelter
- ALIVE! Inc.
 - ALIVE! House Transitional Housing Program
- Community Lodgings, Inc.
 - Transitional Housing Program
- Alexandria-Arlington Coalition for the Homeless
 - Adopt-A-Family Transitional Housing Program
- Salvation Army
 - Cornerstone Transitional Housing Program
- Carpenter's Shelter
 - Day Shelter Program
 - Emergency Shelter
 - Rapid Re-housing Program
 - Prevention Program
 - Community Case Management
- New Hope Housing
 - Rapid Re-Housing Program
 - Housing First Permanent Supportive Housing Programs
- CoC Homeless Services Assessment Centers
 - Families
 - Individuals

APPENDIX F - NOTICE OF HMIS DATA ENTRY AND PERSONAL PRIVACY INFORMATION

What is the Homeless Management Information System (HMIS)?

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

When you request or receive services and give information about yourself and your family, it is entered into a computer database called the Homeless Management Information System (HMIS). The City of Alexandria Homeless Services Coordinating Committee service providers receiving local, state and federal funding to assist persons experiencing homelessness and others in need use this database to better coordinate and provide services to people in our community.

WHAT INFORMATION IS COLLECTED ABOUT YOU & HOW IS IT USED OR SHARED?

There are two types of information we ask for, each with different rules on how and when we can share this information:

1. **Basic Information** - Name, Gender, Social Security Number, Date of Birth, Race, and Ethnicity. *(Sharing this information through the HMIS database helps to prevent counting the same person more than once. As a recipient of assistance and/or services you are giving your permission for us to enter and share the above Basic Identifying Information.)*
1. **Case Information** (HUD Universal Data Elements, Program Entry/Exit, Homelessness Prevention and Rapid Re-Housing Data Elements and Services) including family composition, employment history, income, financial resources, assistance and benefits, military duty status, prior living situation, length of stay, zip code of last permanent address, housing status, homeless status, phone numbers, whether or not you have a disability, etc. *(Sharing this information will help better identify needs in the community, assess the benefit of services provided, and expedite referrals for needed services. This information is shared only if you give specific permission by reading and signing the Uniform Authorization to Use & Exchange Information or a Provider-specific Release of Information.)*

HOW WILL YOUR INFORMATION BE KEPT SECURE?

The following measures have been taken to ensure that your information is kept safe and secure:

- The HMIS database has a high degree of security protection;
- Any information that could identify you, like your name or birthdate, will be viewed only by other authorized HMIS users, and will be removed from reports before they are issued to local, state, or federal agencies;
- Employees using HMIS receive training in confidentiality and privacy protection and agree to follow rules before using the system.

WHAT ARE YOUR PRIVACY RIGHTS?

You have the following rights:

1. **To Read Your Record** – At your written request the organization's HMIS Administrator listed below, we will print a copy of your HMIS record contents or when applicable assist you in viewing them.
2. **To Request a Correction be Made to Your Record** – If you believe that information in your HMIS record is incorrect or inaccurately reflects your current or past situation you may request a correction. Your record will be updated upon your submission of any supporting documentation and a written request to the organization's HMIS Administrator listed below identifying the error and the correction.
3. **To Refuse Consent To Share Case Information** – You will not be denied services for which you otherwise qualify if you refuse to sign the Uniform Authorization to Use and Exchange Information form. Please note Case Information will still be entered into the HMIS system for statistical purposes, but will not be shared with any other community service providers.
4. **To Withdraw Your Consent** – Your consent to share information can be withdrawn at any time upon written notification to the organization's HMIS Administrator listed below. Please note Case Information will not be shared with any other community service providers effective 24 hours or the next business after the receipt of your written notification to withdraw consent.
5. **To File a Complaint** – You may file a written complaint with the organization's HMIS Agency Administrator listed below if you have an indication that your privacy rights have been violated. You will not be penalized or denied services for filing a complaint.

I have read and understand the above notice and acknowledge entry of my household information into HMIS.

Print & Sign Full Name

Date

APPENDIX G - AUTHORIZATION FOR RELEASE OF INFORMATION

COLLECTIVE RELEASE OF INFORMATION

I hereby authorize _____ to exchange appropriate information and records with the following agencies and/or programs:

- Department of Mental Health, Mental Retardation and Substance Abuse
- Alexandria Community Shelter
- Catholic Charities Diocese of Arlington
- City of Alexandria Health Department, INOVA Health System (e.g., Alexandria Hospital)
- City of Alexandria Department of Community & Human Services
- City of Alexandria Courts
- Virginia Probation and Parole
- City of Alexandria Public Safety Departments
- Alexandria City Public Schools and School Districts
- ALIVE! Inc.
- Community Lodgings, Inc.
- Alexandria-Arlington Coalition for the Homeless, Adopt-A-Family
- Salvation Army
- Alexandria Redevelopment and Housing Authority
- City of Alexandria Government
- Carpenter's Shelter
- New Hope Housing
- K.I. Services
- CoC Homeless Services Assessment Centers (Families and/or Individuals)
- *OTHER:* _____

Notwithstanding the foregoing, no information may be exchanged with the following agencies without my prior written consent: _____

I understand this information will be used for the purpose of case management services planning and medical intervention. I understand that this information will only be exchanged: (1) between _____ and an organization/program listed above at the time of my admission to or transfer from _____, or (2) on an ongoing basis between _____ and any organization/program listed above which continues to be involved with my case. I understand that this information is confidential and will not be disseminated to any party not referenced above without my permission nor will this information be released to any entity that has not previously been involved with my case without my specific written consent. I understand that I may withdraw my consent, in writing, at any time. This consent will otherwise terminate on _____ (date not to exceed one year).

The interviewer has explained this form to me and I understand its contents:

Signature

Date

I have explained the significance of this form to the above signatory and witnessed their signature:

Signature

Date

APPENDIX H — REQUIRED HMIS SERVICE TRANSACTIONS

HOMELESS SERVICES ASSESSMENT CENTERS

- Emergency Shelter Clearinghouses

DIVERSION PROGRAMS

- Homeless Financial Assistance Programs
- Case/Care Management

EMERGENCY SHELTER

- Emergency Shelter
- Case/Care Management

DAVID'S PLACE DAY SHELTER

- Homeless Drop In Centers

WINTER SHELTER

- Cold Weather Shelters/Warming Centers

TRANSITIONAL HOUSING

- Transitional Housing
- Case/Care Management

SAFE HAVEN

- Supportive Housing

PERMANENT SUPPORTIVE HOUSING

- Homeless Permanent Supportive Housing
- Case/Care Management

PREVENTION PROGRAMS

Carpenter's Shelter Prevention Program

- Homeless Financial Assistance Programs

DCHS Prevention Programs

- Rent Payment Assistance or Rental Deposit Assistance
- Case/Care Management

RAPID RE-HOUSING PROGRAMS

Carpenter's Shelter – Rapid Re-Housing

- Homeless Financial Assistance Programs

Alexandria Fund Rapid Re-Housing

- Homeless Financial Assistance Programs
- Case/Care Management

Alexandria DCHS-ESG-RR (Rapid Re-Housing)

- Homeless Financial Assistance Programs
- Case/Care Management

CARPENTER'S SHELTER COMMUNITY CASE MANAGEMENT

- Case/Care Management

APPENDIX I — RESIDENTIAL DATA ENTRY WORKFLOW OUTLINE

SP5 RESIDENTIAL PROGRAM DATA ENTRY WORKFLOW OUTLINE

LOG IN

SET "ENTER DATA AS" MODE – (IF APPLICABLE)

AT INITIAL INTAKE

1. Enter ClientPoint

- a. Search Initial of First Name **AND** Full Last Name
 1. Select from Client Results **OR**
 2. If "No matches," create New Client Record by filling in data boxes and "Add New Client With This Information"
- b. Write Down Client Record Number(s) (In Client File)

2. Set Backdate`

- a. *System TIME is defaulted to **1:11 a.m. – DO NOT CHANGE***
- b. *If not entering data on the day received ("REAL TIME"), **SET TO THE CORRECT DATE & "PRESS SET NEW BACKDATE"* OTHERWISE . . .**
- c. ***VERIFY TIME IS 1:11 a.m. & PRESS "SET NEW BACKDATE"***

3. Client Profile TAB - Complete (Verify, Edit or Enter) All Client Information

NOTE: Assess client record & demographic areas through the "Pencil"

4. Household TAB (Families ONLY) – "Manage Household", "Search Existing Households" or "Start New Household"

5. ROI TAB – "Add Release of Information" or Edit Existing through the "Pencil"

6. Entry/Exit TAB – "Add and complete Entry/Exit" (Type= HUD)

7. Case Managers TAB – "Add Case Manager Information"

8. Case Plans TAB – "Add Goals" and Related Action Steps or Edit Existing Goals/Action Steps through the "Pencil"

9. SSOM TAB – Complete "Initial" for each Adult single and all Adult family members.

NOTE: ("Interim" required at six-months unless exiting program.)

10. Assessments TAB (1. Housing Need Assessment; and 2. HUD-40118)

NOTE: "Select Assessment" and "Submit" to change assessments.

11. Service Transactions TAB – Enter service transactions using "Multiple Services" or "Add Service" NOTE: Use "View Entire Service History" to view services details.

ONGOING CASE MANAGEMENT: As needed during clients' program participation, you can access areas of client records (e.g., Case Plans, Assessments, Matrix, Service Transactions, etc.) to add/update/edit information.

APPENDIX J – REFERENCED FEDERAL, STATE AND LOCAL GUIDANCE

Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH): CoC Program Interim Rule Date Published: July 2012

Description

This interim rule focuses on regulatory implementation of the new Continuum of Care (CoC) Program, including the Continuum of Care planning process. The existing homeless assistance programs that comprise the Continuum of Care program are the following: the Supportive Housing program, the Shelter Plus Care program, and the Moderate Rehabilitation/Single Room Occupancy (SRO) program. This rule establishes the regulations for the Continuum of Care program, and, through the establishment of such regulations, the funding made available for the Continuum of Care program in the statute appropriating Fiscal Year (FY) 2012 funding for HUD can more quickly be disbursed, consistent with the HEARTH Act requirements, and avoid any disruption in current Continuum of Care activities.

The Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (HEARTH Act), enacted into law on May 20, 2009, consolidates three of the separate homeless assistance programs administered by HUD under the McKinney-Vento Homeless Assistance Act into a single grant program, and revises the Emergency Shelter Grants program and renames it the Emergency Solutions Grants program. The HEARTH Act also codifies into law the Continuum of Care planning process, a longstanding part of HUD's application process to assist homeless persons by providing greater coordination in responding to their needs. The HEARTH Act also directs HUD to promulgate regulations for these new programs and processes.

The interim regulation was published in the Federal Register on July 31, 2012 and became effective August 30, 2012. The public comment period closed on November 16, 2012.
<https://www.onecpd.info/resources/documents/CoCProgramInterimRule.pdf>

HMIS Data Standards Final - March 2010

Date Published: March 2010

Description

This Notice revises the Homeless Management Information Systems (HMIS) Data and Technical Standards Final Notice (69 FR 146, July 30, 2004). The Notice adds a new set of Program Description Data Elements (Section 2). In addition, the Notice presents revisions to HMIS Data Standards for Universal Data Elements (Section 3) and Program-Specific Data Elements (Section 4). These sections replace Section 2 (Universal Data Elements) and Section 3 (Program-Specific Data Elements) of the 2004 Notice. All other sections of the 2004 notice remain in effect.
<https://www.onecpd.info/resource/1220/final-hmis-data-standards/>

2004 HMIS Data and Technical Standards Final Notice (July 2004) Date Published: August 2004

Description

The Homeless Management Information Systems (HMIS): Data and Technical Standards Final Notice, effective August 30, 2004, specifies the data elements and standards that guide HMIS data collection across the country. The Notice standardizes data collection nationally and allows local CoCs to generate consistent reports on the characteristics of homeless persons. The Notice also describes how data is to be collected and safeguarded. This Notice reflects an effort to consult with Federal agencies implementing homeless programs, State and local governments and Continuum of Care agencies experienced in implementing an HMIS, major advocate groups and leading academic and national experts on homelessness. Note that HUD published updated HMIS Data and Technical Standards in 2010.
<https://www.onecpd.info/resource/1318/2004-hmis-data-and-technical-standards-final-notice/>

August

Sum	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13 Review forms to Project managers	14 Training packet to monitoring teams	15	16 Review forms due back to Collaborative Applicant	17
18	19 Review forms sent to monitoring teams	20	21	22	23	24
25	26	27	28	29	30	31

2013

September

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23 Registration Due	24	25	26	27	28
29	30					

2013

October

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3 Governing Board Meeting – Project presentations to Brd and Ranking Committee	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

2013

December

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5 Governing Brd Meeting Ranking Committee preliminary meeting	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

January

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3 Project Submission deadline Planning Project Completed	4
5	6	7	8 Ranking Committee ranking meeting	9 Governing Brd meeting. Presentation of rankings	10 Projects notified of rankings	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29 Submit Application	30	31	

The City of Alexandria Continuum of Care Monitoring Training

Each year, all CoC funded programs must be evaluated by the Alexandria CoC. The monitoring process is a HUD requirement that results in HUD granting us points on our grant application but, in addition to fulfilling HUD's requirements, the process allows the CoC to ensure that programs are providing the highest quality of housing and services to homeless and formerly homeless individuals and families. Procedures employed in the process include reviews of program outcomes as they relate to HUD and CoC standards, HMIS data quality, and, through site visits, housing and program quality

Program Site Visits

The purpose of the site visit is to gather data on the program that is not captured through the other information provided and to follow up on the APR performance results. The visits allow staff the chance to round out the picture of the program and provide insights on the strengths and challenges of the program. The evaluation team reviews the CoC Grant Renewal Review Form results prior to the site visit in order to familiarize themselves with the program as well as to identify questions or address concerns arising from the results.

Each program manager is being asked to make certain a front line staff member is present for the site visit. Below is a list of questions you will ask the front line staff member. We are really looking for uniformity in the way the site visit is conducted and the information the CoC receives. Please ask staff these questions and write down their response in the space provided below. If you believe you need to ask any additional questions, please include those and the response in your report. Keep additional questions to a minimum. We would like to keep the responses anonymous, so please do not write down the person's name. After the question portion of the site visit, you will do a walk-through of the site or at least one unit in the program. Use the checklist provided in this package to ensure the programs are providing a safe and healthy environment for the residents.

Nan Goodwin

From: Nan Goodwin
Sent: Wednesday, August 14, 2013 4:43 PM
To: maryparkerlamm@carpentersshelter.org; Lesa Gilbert (Les.Gilbert@alexandriava.gov); 'Office@housingalexandria.org'; Shelley Murphy (smurphy@whdc.org); Cheryl Malloy (CPM@malloyassoc.com) (CPM@malloyassoc.com); Jacquelyn Lusk
Cc: jlurz@newhopehousing.org; pmichell@newhopehousing.org; Ann Moore; 'Carol Jackson'
Subject: training for monitoring committee
Attachments: HUD 2013 Monitoring Committee training revised.docx

It has proved impossible to get even half the committee together for a face-to-face training. A number of people will be on vacation. As an alternative, Jessica is putting together a written training which will include standardized questions each team can ask during the site visit. This will provide us with the uniformity of approach we were hoping to accomplish by conducting a committee training. The written training is attached.

The Renewal Review Forms are to be completed and back to me by Friday the 16th. I will get them out to you as soon as they are available. Please do not conduct site visits until after you have reviewed the Renewal Review Forms. Please contact the project manager to set up a date for the site visit. Contact information for project managers is included below. The information gathered through the Review forms, site visits, and a form I will complete containing HUD's performance measures will be the foundation for decisions made by the Project Ranking Committee. It is important that we gather all this information in time to create a summary for the Ranking Committee's use. Our goal is to complete all site visits by August 30th. Program monitoring assignments are as follows:

New Hope Housing: Alexandria Housing First Contact Jessica Lurz at 703-465-0520 or jlurz@newhopehousing.org
AACH: Adopt a Family Contact Sam Kelly at 703-525-2588 or skelly@aachhomeless.org

Les.Gilbert 703-746-5912 or lesa.gilbert@alexandriava.gov
Lisa Edouard 703- 739-7775 or office@housingalexandria.org

ACSB: Notabene & Family Condos Contact Renee Chandler at 703-746-3383 or renee.chandler@alexandriava.gov
Sheltered Homes of Alexandria: Canterbury & Mayflower (same contact)

Shelly Murphy 703-642-3830 x212 or smurphy@whdc.org
Cheryl Malloy 703-548-9571 or cpm@malloyassoc.com

ACSB: Safe Haven Contact Maggie Lyons at 703-746-3410 or maggie.lyons@alexandriava.gov
ACSB: Windsor Men's Recovery Contact John Thomas at 703-746-3426 or john.thomas@alexandriava.gov
Sheltered Homes of Alexandria:
 Columbus Street Program Contact John Thomas

Mary-Parker Lamm 703-548-7500 x227 or maryparkerlamm@carpentersshelter.org
Jacquelyn Lusk 703-746-5741 or Jacquelyn.lusk@alexandriava.gov

STAFF INTERVIEWS

Interview staff persons individually and ask the following questions. Please read the below statement to the staff person before the interview.

This interview is conducted as part of the Alexandria Continuum of Care Evaluation process. This evaluation process helps the Continuum distribute funding to homeless service agencies. We thank you in advance for taking the time to participate in this process. Your response will be anonymous and confidential. We hope that you find it meaningful and an opportunity to give valuable feedback to the program that you are working in.

1. What is this program about and what are the program's goals? What is the target population for the program?
2. What do you see as the needs of the clients?
3. How are participants oriented to the program and services available?
4. How do you work with participants to resolve their homelessness?
5. What is the assessment and service planning process?
6. How are participants assisted to access jobs and/or benefits to increase their incomes?
7. What are residents' rights and grievance procedures? How are participants informed of their rights and grievance policies?
8. What services are provided if participants are not succeeding in this program?
9. What types of direction, supervision and support do you receive to do your job?
10. What suggestions would you make to improve this program?

USE THE ABOVE ANSWERS AND YOUR OWN PERSONAL OBSERVATIONS TO ANSWER THE QUESTIONS IN THE PROGRAM INFORMATION/STAFFING SECTION OF THIS EVALUATION.

Site Monitoring

1. Required postings

- ☐ Residents' Rights
- ☐ Termination & Appeal
- ☐ Residential Guidelines
- ☐ Suggestion Box
- ☐ License (If applicable)

Comments:

2. Physical condition of the site

- ☐ Furniture
- ☐ Flooring
- ☐ Window Coverings
- ☐ Appliances
- ☐ Paint
- ☐ Space
- ☐ Security

Comments:

3. Sanitary Conditions

- ☐ Kitchen
- ☐ Bathroom
- ☐ Infestations
- ☐ Adequate Privacy

Comments:

4. Safety
- ☐Smoke Detector
- ☐Tripping Hazards
- ☐Blocked Egress
- ☐Hoarding
- ☐Fire Extinguisher

Comments:

CoC Grant Renewal Review (2013)

Name of Organization (applicant)

Period Covered by Report

Name of Project

Contact Person

Phone Number

E-mail

Review Items

1. A. How many beds are designated for chronically homeless individuals? _____

Definition: A single individual with a disabling condition who has been continuously homeless (unsheltered or in an emergency shelter) for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years.

- B. Does the program serve any chronically homeless families? ☐ Yes

☐ No

If yes, how many families are chronically homeless? _____

Definition: A homeless family is one containing one (or more) adults with a disabling condition who has been continuously homeless (unsheltered or in an emergency shelter) for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years.

- C. Number of beds in program. _____

2. Please place a “√” in all the subpopulations served by this program.

2012 PIT survey categories	Singles	Families	
Chronic Substance Abusers	<input type="checkbox"/>	<input type="checkbox"/>	
Seriously Mentally Ill	<input type="checkbox"/>	<input type="checkbox"/>	
Dually Diagnosed (<i>not in PiT questions</i>)	<input type="checkbox"/>	<input type="checkbox"/>	
Domestic Violence (<i>as a target population</i>)	<input type="checkbox"/>	<input type="checkbox"/>	
Chronic Health Problems	<input type="checkbox"/>	<input type="checkbox"/>	
Physically Disabled	<input type="checkbox"/>	<input type="checkbox"/>	
HIV or AIDS	<input type="checkbox"/>	<input type="checkbox"/>	
Limited English Proficiency	<input type="checkbox"/>	<input type="checkbox"/>	
Veteran (<i>prior active U.S. Military Service</i>)	<input type="checkbox"/>	<input type="checkbox"/>	
Foster Care Client (<i>as a ward of the State</i>)	<input type="checkbox"/>	<input type="checkbox"/>	
Homeless from an Institution	<input type="checkbox"/>	<input type="checkbox"/>	
Developmental Disability	<input type="checkbox"/>	<input type="checkbox"/>	
Brain Injured	<input type="checkbox"/>	<input type="checkbox"/>	
Intellectual Disability	<input type="checkbox"/>	<input type="checkbox"/>	
ADHD	<input type="checkbox"/>	<input type="checkbox"/>	
Other Subpopulation	<input type="checkbox"/>	<input type="checkbox"/>	
None (no specific subpopulation)	<input type="checkbox"/>	<input type="checkbox"/>	

CoC Grant Renewal Review Form – 2013

3. Does your program use Energy Star appliances, i.e. phones, microwaves, refrigerators, electronics?
(for more information please visit <http://www.energystar.gov>)

☐ Yes
☐ No

4. Describe your agency's participation in community meetings on homelessness, such as Continuum of Care (The Partnership to Prevent and End Homelessness in the City of Alexandria).

A. Does at least one staff person attend the Partnership?

☐ Yes
☐ No

If yes, who?

- B. Is at least one staff person an active participant in a multi-agency committee or task group for implementation of the Plan to Prevent and End Homelessness? *Examples:* CoC Processing Committee, Gaps and Needs Committee, Dashboard Committee, Membership Committee, Advocacy Committee.

☐ Yes
☐ No

If yes, who and what committee?

5. Has the program completed client satisfaction surveys in the last 12 months?

☐ Yes
☐ No

6. Do your case managers systematically, through a standard, routine practice, assist clients in completing applications for mainstream benefit/entitlement programs, such as TANF, SSI/SSDI, Food Stamps, or health care coverage, and follow-up to ensure benefits are received?

A. Assist with the application process using a checklist, service plan, or other tool?

☐ Yes
☐ No

B. Follow-up to ensure benefits/entitlements are received or client determined not eligible?

☐ Yes
☐ No

7. Does your program supply (or provide) transportation assistance to clients to attend mainstream benefit or entitlement program appointments, employment training, or jobs?

CoC Grant Renewal Review Form – 2013

- ☐ Yes
☐ No

8. All programs that enter data into HMIS are expected to have data for 100% of their clients in Service Point and meet data completeness standards. What is the Overall Summary percentage for this grant as shown on the HMIS Data Completeness Report Card for the last fiscal year, 7/1/2012 to 6/30/2013? Domestic Violence programs that are exempt from HMIS participation should enter "N/A".

_____ %

Attach a copy of the HMIS Report Card for the period 7/1/2012 to 6/30/13.

9. Did you spend all your grant award during the prescribed grant year?

- ☐ Yes
☐ No

If not, provide a brief explanation:

How often are funds drawn down? __ Monthly __ Quarterly __ Other (please explain)

Short Answer

10. How do you ensure the cost effectiveness of your program?
11. How does the program help clients to access supportive services in order to maximize the use of resources that are available in the community?
12. Briefly describe how you involve your clients in the development of their own services plans?
13. What are your criteria for admission?
14. Vacancy Rate: Please list your average vacancy rate in the 12 months of your APR using this formula:

Vacancy Rate = (# Vacant Units x # months vacant) / (Total number of units x 12 months)

Please add explanation of vacancies if over 10%.

CoC Grant Renewal Review Form – 2013

15. Please explain (or attach an outline) of your client participation requirements and procedures for non-compliance. Under what circumstances would a client be discharged prior to completion of the program?

16. **For Transitional Housing Programs**, List specific steps outlined in your policies that you take to help each client or client family to secure permanent housing? *Please attach a second sheet if needed.*

17. List any significant changes in the program, such as, but not limited to changes in management and/or personnel, changes in code of ethics, client rights and responsibilities, confidentiality agreement or APR goals.

18. In outline form, briefly list Program Strengths:

a.

b.

c.

d.

19. In outline form, briefly list Program Challenges:

a.

b.

c.

d.

20. Attach a copy of your independent financial audit report or management cover letter.

21. If you have received a HUD monitoring letter in the last 12 months, please attach.

This form was completed by: _____ (name of staff person)

I believe all the responses here to be complete and accurate:

Signed: _____ Date: _____

Title: _____

CoC Grant Renewal Review Form – 2013

Site Monitoring

1. Required postings

- ☐ Residents' Rights
- ☐ Termination & Appeal
- ☐ Residential Guidelines
- ☐ Suggestion Box
- ☐ License (If applicable)

Comments:

2. Physical condition of the site

- ☐ Furniture
- ☐ Flooring
- ☐ Window Coverings
- ☐ Appliances
- ☐ Paint
- ☐ Space
- ☐ Security

Comments:

3. Sanitary Conditions

- ☐ Kitchen
- ☐ Bathroom
- ☐ Infestations
- ☐ Adequate Privacy

Comments:

4. Safety

- ☐ Smoke Detector
- ☐ Tripping Hazards
- ☐ Blocked Egress
- ☐ Hoarding

Comments:

Tier 1/Tier 2

This year, HUD is projecting a 5% shortfall in their ability to fund all the renewals they expect to receive. Our current Annual Renewal Demand (ARD) is \$661,023. When reduced by 5%, the renewal amount is \$627, 972 for a difference of \$33,051. Put quite simply, Tier 1 funding cannot exceed \$627,972 and Tier 2 funding cannot exceed the balance between Tier 1 and \$661,023. Grants cannot be split between Tier1 and Tier2.

Last year we received all of our Tier 1 and Tier 2 renewals. Renewal will be funded according to ranking in Tier 1 first and then, assuming funding is available for all of Tier 1, Tier 2 funding will be addressed.

As added information, I ran some percentages of grant funds to total budgets. They are listed below.

Percentage shows dependence of program on grant funding

Alexandria Housing First I – 94%
Alexandria Housing First III – 91%
Canterbury & Mayflower – 48%
Columbus & Wythe – 59%
Notabene & Family Condos – 72%
Alexandria Housing First II – 92%
AACH/Adopt-A-Family – 41%
Safe Haven – 7%

2013 CONTINUUM OF CARE RENEWAL PROJECT REVIEW SUMMARY – OBJECTIVE RATING MEASURES & PERFORMANCE ASSESSMENT

RENEWAL PROJECTS		Alexandria Housing First (NHH)	Canterbury & Mayflower (CSB)	Columbus & Wythe (CSB)	Notabene & Family Condos (CSB)	Adopt-a-Family (AACh)	Alexandria Housing 1st II (NHH)	Safe Haven (CSB)
Operating Year (Page 1)		09/01/12 08/31/13	02/01/12 01/31/13	10/01/12 09/30/13	12/01/11 11/30/12	07/01/2012 06/30/2013	(Reallocation)	03/01/12 02/29/13
HUD Grant Amount (Page 4)		\$24,521	\$79,303	\$91,074	\$134,276	\$146,153	\$101,113	\$55,225
Population Served		Chronic Homeless Single Adults	Homeless Single Adults with Serious Mental Illness (SMI) or Co-Occurring SMI and Substance Abuse	Homeless Single Adults with Serious Mental Illness (SMI) or Co-Occurring SMI and Substance Abuse	Homeless Families and Single Adults with Serious Mental Illness (SMI) or Co-Occurring SMI and Substance Abuse	Homeless Families	Chronically Homeless Individuals with Serious Mental Illness or co-occurring substance abuse	Chronic Homeless Single Adults
Beds/Units Capacity (Page 6)		2 Beds	8 Beds	7 Beds	10 Beds-Singles 3 Units Families	10 Units	8 Beds	8 CH Beds 4 Homeless Beds=12
Total Served During Operating Year (Page 13)		2 Singles	11 Singles	9 Singles	12 Singles 3 Families	10 Families	New program	19 Singles
1. HUD Priority Programs (10 Points) – Renewal Projects are evaluated in this Section based upon HUD's ranking of priorities in the following order as described in the 2012 NOFA application: (1) Permanent Housing (includes Permanent Supportive Housing and Rapid Re-Housing), (2) Transitional Housing, and (3) Safe Haven								
Program Priority								
<ul style="list-style-type: none"> Priority is provided to programs/projects that focus on HUD's priority programs. Rate points based upon the type of project (permanent housing, transitional housing safe haven, or supportive services only) <ul style="list-style-type: none"> Permanent housing = 10 points Transitional housing = 7 points Safe Haven = 5 points 	Permanent Supportive 10	Permanent Supportive 10	Permanent Supportive 10	Permanent Supportive 10		Transitional 7	Permanent Supportive 10	Safe Haven 5
2. City of Alexandria CoC Gap (12 points) - Renewal Projects are evaluated in this Section based upon The Partnership to Prevent and End Homelessness in the City of Alexandria's ranking of priorities identified in the January 25, 2012 Point-In-Time Count								
Gap filled within the CoC (12 points)								
<ul style="list-style-type: none"> What gap/need does the program currently provide for the City of Alexandria CoC? 	12	12	12	12		0	12	0

RENEWAL PROJECTS		Alexandria Housing First (NHH)	Canterbury & Mayflower (CSB)	Columbus & Wythe (CSB)	Notabene & Family Condos (CSB)	Adopt-a-Family (AACH)	Alexandria Housing 1st II (NHH)	Safe Haven (CSB)
<ul style="list-style-type: none"> Permanent Supportive Housing = 12 points Permanent Housing w.Subsidy and/or Supports = 10 points 								
3. HUD/Program Outcomes (63 Points) - Renewal Projects are evaluated in this Section based upon established objectives identified by HUD and the Continuum of Care. The scoring for this section will be completed for the evaluators based upon the APR information submitted for review by each grantee.								
Average Bed Utilization (Leavers & Stayers) –(4.5 points) (INDIVIDUALS) (Page 14) <ul style="list-style-type: none"> Average bed utilization rate during the operating year <ul style="list-style-type: none"> 85% or greater = 4.5points 75-84% = 3.5points 60-74% = 2.5 points Less than 60% = 1 point 		100% 4.5	88% 4.5	100% 4.5	100% 4.5	N/A	N/A	New Program 100% 4.5
Average Unit Utilization (Leavers & Stayers) –(4.5points) (FAMILIES) (Page 14) <ul style="list-style-type: none"> Average Unit utilization rate <ul style="list-style-type: none"> 85% or greater = 4.5points 75-84% = 3.5points 60-74% = 2.5 points Less than 60% = 1 point 		N/A	N/A	N/A	N/A	100% 4.5	100% 4.5	New Program N/A
Increased/Maintain Income (Leavers & Stayers) (18 points) (Page 32-35) <ul style="list-style-type: none"> Percentage of households that increased or maintained their income (any source). <ul style="list-style-type: none"> 85% or greater = 9 points 75-84% = 7 points 60-74% = 5 points Less than 60% = 1 point 		Leavers N/A *9	Leavers 100% 9	Leavers 100% 9	Leavers 100% 9	Leavers N/A *9	Leavers 100% 9	New Program Leavers 100% 9
Employment /Income Status (Leavers & Stayers) (18 points) (Pages 36-40) <ul style="list-style-type: none"> Percentage of households that have employment and/or receive disability or retirement income (i.e., pension, Social Security, etc.). <ul style="list-style-type: none"> 85% or greater = 9 points 75-84% = 7 points 60-74% = 5 points Less than 60% = 1 point 		Leavers N/A *1	Leavers 50% 1	Leavers 100% 9	Leavers (Singles) 100% 9	Leavers (Families) N/A *5	Leavers 100% 9	New Program Leavers 100% 9
		Stayers 100% 9	Stayers 100% 9	Stayers 100% 9	Stayers 100% 9	Stayers 100% 9	Stayers 100% 9	New Program Stayers 83% 7
		Stayers 50% 1	Stayers 100% 9	Stayers 86% 9	Stayers (Singles) 100% 9	Stayers (Families) 67% 5	Stayers 100% 9	New Program Stayers 83% 7

RENEWAL PROJECTS		Alexandria Housing First (NHH)	Canterbury and Mayflower (CSB)	Columbus & Wythe (CSB)	Notabene & Family Condos (CSB)		Adopt-a-Family (AACH)	Alexandria Housing 1 st II (NHH)	Safe Haven (CSB)
Non-Cash Benefits (Leavers & Stayers) (18 points) (Pages 41-44) <ul style="list-style-type: none">Percentage of households that accessed non-cash benefits (e.g. Food Stamps/SNAP, Medicare, Medicaid, VA Healthcare, General Relief) during the program stay.<ul style="list-style-type: none">85% or greater = 9 points75-84% = 7 points60-74% = 5 pointsLess than 60% = 1 point	Leavers N/A *1	Leavers 100% 9	Leavers 100% 9	Leavers 100% 9	Leavers 100% 9	Leavers N/A *9	Leavers 100% 9	New Program	Leavers 100% 9
	Stayers 50% 1	Stayers 100% 9	Stayers 100% 9	Stayers 100% 9	Stayers 80% 7	Stayers 100% 9	Stayers 100% 9	New Program	Stayers 92% 9
	Stay in Permanent Supportive Housing – (4.5 points) (Page 45) <ul style="list-style-type: none">Of the stayers that remained in the program during the operating year, the percentage of those households that remained in the program six (6) months or longer.<ul style="list-style-type: none">85% or greater = 4.5points75-84% = 3.5points60-74% = 2.5 pointsLess than 60% = 1 point								
Exits to Permanent Housing (Leavers) – (4.5 points) (Transitional Housing & Safe Haven) (Pages 47-50) <ul style="list-style-type: none">Of program leavers during the operating year, percentage of households that moved into permanent housing.<ul style="list-style-type: none">85% or greater = 4.5points75-84% = 3.5points60-74% = 2.5 pointsLess than 60% = 1 point	N/A	N/A	0% 1	N/A	N/A	100% 4.5	New Program	50% 1	
	4. Compliance with HMIS (5 Points) - This section will be scored based upon the HMIS database Universal Data Element Report for the program operating year.								
	HMIS Compliance with Universal Data Elements <ul style="list-style-type: none">Percentage of complete Universal Data Elements (UDEs). Includes Name, DOB, Gender, SSN, Race, Ethnicity, Veteran Status, Disabling Condition, Residence prior to program entry, Zip Code of last permanent residence<ul style="list-style-type: none">90% or greater = 5 points80-89% = 4 points70-79% = 3 points60-69% = 2 pointsLess than 60% = 1 point								

RENEWAL PROJECTS		Alexandria Housing First (NHH)	Canterbury and Mayflower (CSB)	Columbus & Wythe (CSB)	Notabene & Family Condos (CSB)	Adopt-a-Family (AACH)	Alexandria Housing 1 st II (NHH)	Safe Haven (CSB)
5. Financial (10 points) - This section will be scored based upon guidelines established by HUD for the program to draw program funds.								
Timely Draw Down of Funds (5 points)								
<ul style="list-style-type: none"> Points obtained based upon the frequency in which draws are conducted. HUD recommends that every program draw down funds at minimum quarterly. Maximum points considered for programs that conduct draw-downs monthly. <ul style="list-style-type: none"> Monthly = 5 points Quarterly = 3 points Other = 1 point 		5	1	1	1	5	New Program	1
Funds used during the current Operating Year (5 points) <ul style="list-style-type: none"> The percentage of funds utilized based upon the operating year. The amount expended year to date. <ul style="list-style-type: none"> On target = 5 points Under target (<11 %) = 3 points Other = 1 point 		5	5	5	5	5	New Program	5
Amount(s) of any grant funds returned to or recaptured by HUD during the last three operating years		None	None	None	None	None	New Program	None
Date of last HUD monitoring		-	> 5 years ago	2/3 years ago	> 5 years ago	11/20/12		None
Are there any outstanding issues from monitoring? (Yes/No)		N/A	No	No	No	No		No
Totals (Possible 100 Points)		68/100	88/100	97/100	91/100	78/100		72/100


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Friday, January 17 • 45°



Air Quality: Green

Martin Luther King, Jr. Day Holiday Closures -- Updated 1/17/2014 9:29:51 AM

All City of Alexandria government offices will be closed on Monday, January 20, in observance of the Martin Luther King, Jr. Day holiday. Virginia State offices will also be closed on Friday, January 17 for Lee-Jackson Day. In accordance with Virginia law, certain parking restrictions are lifted on state holidays, which includes both January 17 and 20. Trash and recycling will be collected one day late during the week of January 20-24.

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Housing

Page updated Jan 17, 2014 6:23 PM

Welcome to the Office of Housing

What's New

Upcoming Meetings

- [Alexandria Housing Development Corp. \(AHDC\)](#)
Mon Jan 27, 2014 6:00 PM - 7:00 PM
Regular meeting
Location: Alexandria Housing Development Corp.,
801 N. Pitt St.
Contact: Mildrilyn Davis, 703.746.4990



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City of Alexandria prepares FY2013 Continuum of Care (CoC) Program Application

The City of Alexandria, the collaborative applicant for *The Partnership to Prevent and End Homelessness in the City of Alexandria*, is preparing to submit the federal funding application to the U. S. Department of Housing and Urban Development (HUD) for homeless assistance. The proposed projects have been reviewed and prioritized in accordance with guidelines set forth by HUD and the community need to support the goal of ending homelessness. For more information on The Partnership, click [here](#).

Free Class for First Time Homebuyers

Thinking about buying your first home? Rebuilding Together Alexandria is hosting free training classes for first-time homebuyers. The class offers an introductory but comprehensive overview of a host of issues related to the homebuying process including:

- understanding your credit report and other personal finance issues,
- working with a lender and realtor,
- home inspections and maintenance issues.

When: Saturday, February 8, 2014 from 9:15 a.m. to 4:15 p.m.

Where: Cora Kelly Recreation Center located at 25 West Reed Avenue, Alexandria, Virginia 22305

Advance registration is required for these classes. For more information or to register, contact Kyle Corcoran at 703.836.1021 or email at kc@rebuildingtogetheralex.org

All attendees will be entered in a raffle to win a \$50 gift.

Housing Master Plan Approved

On December 14, the Alexandria City Council unanimously approved the City's first Housing Master Plan, setting a 10-year goal of developing or preserving 2,000 affordable housing units beginning in 2015. The Housing Master Plan approval represents the conclusion of a multi-year public planning process of developing the Plan to guide the City's housing development and preservation efforts. For more information on the Housing Master Plan, click [here](#).

Introducing a New Resource for First Time Homebuyers

Program Implementation
Landlord - Tenant Relations
Program Administration
Affordable Housing Advisory Committee
Affordable Housing Programs/Maps
Housing Master Plan
Housing Programs
Housing Reports
Office of Housing Partners
Presentations on Affordable Housing

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421 King St., Suite 200
Alexandria, VA 22314
703.746.4990
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Office Hours:
Monday - Friday
8:00 a.m. - 5:00 p.m.



The Partnership to Prevent and End Homelessness
in the City of Alexandria

Housing Crisis Response System

Standard Operating Procedures

Effective Date: September 4, 2012

Revision No.: 1

Document Control No.: PPEH1.1

Table of Contents

Title Page and Approval Page	1
Table of Contents	2
Overview	3
Procedures	5
A. Purpose	
B. Applicability / Scope	
C. Definitions	
D. Personnel	
E. Step-by-Step Procedure	
F. Criteria	
G. Records Management	
Quality Control and Quality Assurance	14

OVERVIEW

HISTORY OF ACCESS TO HOMELESS SERVICES

Historically, each emergency shelter has operated independently with unique forms, referral and intake processes, and operating procedures. From October 2010 to present the City of Alexandria utilized a dual intake system (a decentralized, coordinated intake for individuals; and a centralized intake for families with minor children.)

Individuals self-referred to emergency shelter, including the domestic violence program. The City's Continuum of Care (CoC) partners were advised daily of available emergency shelter bed space for individuals. Emergency shelter contact information was provided to individuals by the Department of Community and Human Services (DCHS) Customer Call Center and reception staff and other community service agencies. Referrals for intake were accepted from agencies serving persons with special needs including the City of Alexandria DCHS Community Services Board Mental Health and Substance Abuse Services; the U.S. Department of Veteran Affairs; the City of Alexandria Detention Center/Jail; the City of Alexandria Criminal Justice Services (local probation); the Virginia Department of Corrections City of Alexandria Office of Probation and Parole; and local hospitals serving City of Alexandria residents including state and private psychiatric facilities.

For families with minor children, the City utilized a centralized intake system. The Family Shelter Waiting List was maintained and the screening process conducted by the DCHS Shelter Liaison to allow for triage and shelter placement based on the immediacy of need as well as the coordination of child care or child welfare services as needed.

Individuals and families experiencing domestic violence were directed to the Domestic Violence Hotline.

Traditionally, persons seeking emergency shelter services were assisted solely based upon self-reported need. And, the Continuum of Care's Homeless Management Information System (HMIS) database was not utilized as part of the referral process.

BACKGROUND DRIVING THE NEED FOR CHANGE

In 2005 the U.S. Department of Housing and Urban Development (HUD) conducted research which revealed that persons seeking emergency shelter did not necessarily need such critical level of services. As a result the Virginia Department of Housing and Community Development (DHCD) recommended that continuums of care create a mechanism for service providers to assist households in assessing needs and identifying resources and alternatives to homelessness prior to service provision as opposed to occurring simultaneously with service provision.

CITY OF ALEXANDRIA CONTINUUM OF CARE RESPONSE

In order to streamline the intake process, more efficiently and effectively assess the needs of persons seeking shelter, offer diversion services, best utilize community resources, and reduce the number of households entering the shelter system; the CoC proposed a Housing Crisis Response System.

- In April 2012 the Homeless Services Coordinating Committee (HSCC) Executive Committee endorsed creating standardized emergency shelter intake forms and operating procedures recommended by the DCHS Office of Community Services (OCS).

- In May 2012 the Homeless Services Coordinating Committee (HSCC) Executive Committee endorsed the establishment of a centralized intake system for individuals proposed by Carpenter's Shelter.
- In June 2012 the Centralized Intake Planning Committee convened, co-chaired by the Carpenter's Shelter Homeless Services & Resource Manager and the DCHS/OCS Homeless Services Coordinator.

The Planning Committee comprised of City of Alexandria homeless and community service providers and the City of Alexandria Police Department have participated in the 14-week process of conceiving, collaborating, coordinating, developing, piloting, presenting, training, and executing of the continuum of care centralized intake system.

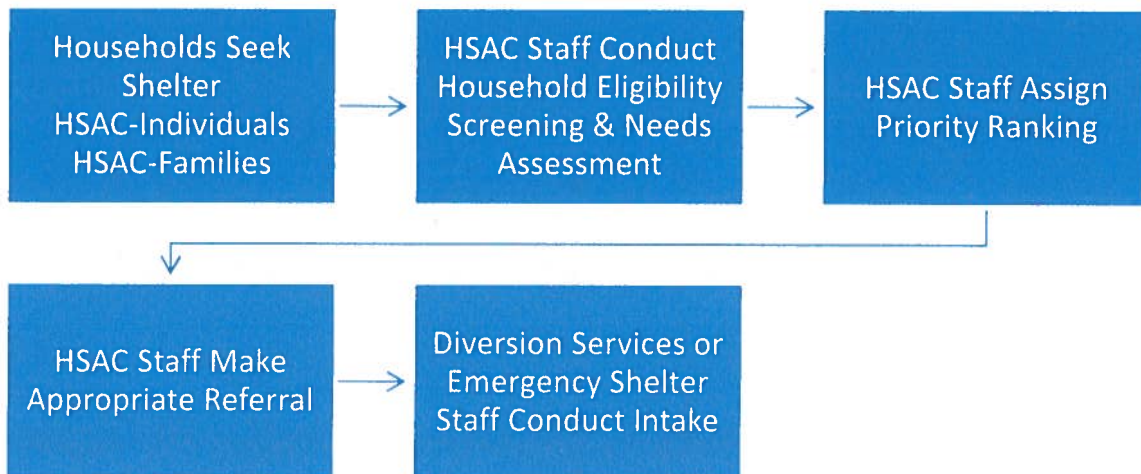
CENTRALIZED INTAKE SYSTEM OVERVIEW

There are three key components to the Centralized Intake System: 1) the HSAC through which members of the community request services and receive an eligibility screening and needs assessment; 2) the emergency shelter providers (Alexandria Community Shelter and Carpenter's Shelter); and 3) the diversion services provider (DCHS/OCS).

The Continuum of Care's centralized intake system for individuals and families is standardized with written policies and procedures defining programmatic roles, responsibilities and expectations of all centralized intake system key component staff. Staff is trained in assessment, verification, referral, motivational interviewing, crisis response/de-escalation, the Mental Health First-Aid response system; and the emergency shelters utilize standardized intake forms.

Individuals and families are referred to diversion or emergency shelter services based on eligibility and need. The screening verifies that persons seeking services meet HUD-required emergency shelter and diversion services eligibility criteria. The assessment thoroughly explores individual household situations identifying three categories of housing need: 1) that which can be resolved with mainstream supports; 2) that which can be resolved with targeted short-term financial assistance; and 3) that which requires long-term housing assistance.

From initial engagement until the end of service provision and follow-up, data is fully captured in the Homeless Management Information System (HMIS) by HSAC, emergency shelter and diversion services staff. The HMIS database is customized to 1) monitor households' length of engagement; 2) conduct need assessments; 3) catalogue community resources; 4) complete referrals; and 5) track services and outcomes.



PROCEDURES

A. PURPOSE

The Housing Crisis Response System Standard Operating Procedures outline the process to efficiently and effectively screen, assess, refer, and address the needs of individuals and families seeking emergency shelter services. The process ensures that all households seeking shelter are screened for diversion services creating an opportunity to address the housing crisis with targeted assistance and averting unnecessary entry into the shelter system. The intended outcome is to reduce the number of households entering the emergency shelter system while simultaneously shortening the length of stay in shelter.

B. APPLICABILITY / SCOPE

The Housing Crisis Response System Standard Operating Procedures are required to assist any household seeking emergency shelter in the City of Alexandria.

C. DEFINITIONS

- **At-imminent Risk of Homeless** – individual or family who will lose their primary nighttime residence within 14 days.
- **Case Management** –The collaborative process of assessment, planning, facilitation and advocacy for options and services to meet a household’s holistic needs through communication and available resources to promote quality cost-effective outcomes.
- **City of Alexandria Resident** – A person living in the City of Alexandria. Residency is demonstrated by providing at least one of the following: 1) Driver’s license or any form of ID with an address in the City of Alexandria; 2) Utility bill with name and address; 3) verifiable documentation of receipt of entitlement benefits, such as SNAP, TANF, Medicaid from the Alexandria Department of Community and Human Services; 4) Children are enrolled in the Alexandria City Public Schools; and/or 5) Otherwise verifiable through a third party.

- **Continuum of Care** – The local collaborative of homeless services providers and community agencies known as the Partnership to Prevent and End Homelessness in the City of Alexandria.
- **Diversification Services** – Prevention services (financial and/or case management) provided by DCHS/OCS utilized to assist households in averting emergency shelter.
- **Eligibility Screening Packet** – The set of documents consisting of the completed Individual or Family Eligibility Screening Form; City of Alexandria Release of Information and/or Community Service Board Release of Information, DHCD Homeless Certification Form, and the HMIS Notice of Data Entry.
- **Emergency Shelter** – Facility that provides short-term overnight housing for persons experiencing homelessness (i.e., Alexandria Community Shelter and Carpenter’s Shelter).
- **Families** – A household consisting of one or more adults and children under the age of 18.
- **Homeless Management Information System (HMIS)** – A software application designed to record and store client-level information on the demographics and service needs of homeless persons. Homeless assistance providers use the CoC’s web-based software application to coordinate care, manage their operations, and efficiently and effectively serve their clients.
- **Homeless Services Assessment Center (HSAC) Staff** – Program Coordinator and Shelter Liaison
- **Individual** – A household solely consisting of one unaccompanied person.
- **Institutional Discharge** – Those exiting from the following institutions/facilities:
 - City of Alexandria DCHS Community Services Board Mental Health and Substance Abuse Services
 - City of Alexandria Detention Center/Jail
 - City of Alexandria Criminal Justice Services (local probation)
 - Virginia Department of Corrections City of Alexandria Office of Probation and Parole
 - U.S. Department of Veteran Affairs
 - Local hospitals serving City of Alexandria residents including state and private psychiatric facilities.
- **Key Component Staff** –
 - **Carpenter’s Shelter (CS)** (HSAC– Individuals and Emergency Shelter Services)
 - Deputy Director
 - Homeless Services & Resource Manager
 - Program Coordinator
 - Housing Resource Coordinator
 - Case Managers
 - **Alexandria Community Shelter (ACS)** (Emergency Shelter Services)
 - Shelter Director
 - Case Manager
 - Resident Service Specialist
 - Shelter Service Specialist
 - Housing Resource Coordinator
 - Employment & Education Coordinator

- **City of Alexandria DCHS/Office of Community Service (DCHS/OCS)** (HSAC–Families and Diversion Services)
 - Homeless Services Coordinator
 - Shelter Liaison
 - Community Specialist II
 - Case Workers
- **Length of Stay** – The duration of a single stay in an emergency shelter.
- **Literally Homeless** – a) Persons who lack a fixed, regular, and adequate nighttime residence or are in a place not meant for human habitation. b) Persons who are exiting from an institution where he or she where residence was fewer than 90 days and the individual met HUD’s definition of homelessness prior to entry into the institution/facility. (e.g., jail, psychiatric hospital). c) Persons who are fleeing, or are attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member.
- **Mental Health First Aid** – The initial help given to a person in a mental health crisis or showing symptoms of mental illness impacting daily functioning until appropriate help can be engaged.
- **Motivational Interviewing** – A person-centered counseling approach used to strengthen a person’s own drive and commitment to change.
- **Outstanding Referrals Report** – The HMIS-generated report listing households referred for diversion services or emergency shelter services.
- **Priority Ranking** – The weight in points assigned to the following subpopulations: literally homeless, veterans, institutional discharge, and expectant mothers.
- **Referral** – Homeless Services Assessment Center staff notification of a household need for emergency shelter or diversion services.
- **Safe** – Habitable dwelling and/or living situation where persons are free from the risk of bodily harm.
- **Veteran** –served in a branch of the United States Military including the National Guard and Reserves.

D. PERSONNEL QUALIFICATIONS / RESPONSIBILITIES

Services provided through the Housing Crisis Response System are coordinated through the following agencies and their designated staff: Alexandria Community Shelter, Carpenter’s Shelter, and the City of Alexandria DCHS/Office of Community Services.

Carpenter’s Shelter (CS) (HSAC– Individuals and Emergency Shelter Services)

- Deputy Director
- Homeless Services & Resource Manager
- Program Coordinator
- Housing Resource Coordinator
- Case Managers
- Employment & Education Coordinator

Alexandria Community Shelter (ACS) (Emergency Shelter Services)

- Shelter Director
- Case Managers
- Resident Service Specialist
- Shelter Service Specialist
- Housing Locator
- Employment & Education Coordinator

City of Alexandria DCHS/Office of Community Service (DCHS/OCS) (HSAC–Families and Diversion Services)

- Homeless Services Coordinator
- Shelter Liaison
- Housing Stabilization & Resource Specialist
- Case Workers

E. STEP-BY-STEP PROCEDURE

Access to Homeless Services

Effective September 4, 2012, persons seeking emergency shelter must access services through the HSAC, which has two points of entry for eligibility screening and referral: HSAC–Individuals operated by Carpenter’s Shelter and HSAC–Families operated by DCHS/OCS. Individuals (unaccompanied adults) are served at 930 N. Henry Street (Carpenter’s Shelter) between 10:00 a.m. and 6:00 p.m. Monday through Friday (except holidays) and should contact the Program Coordinator at (703) 548-0452. Families (adults with minor children) are served at 2525 Mount Vernon Avenue (DCHS) 8:00 a.m. to 5:00 p.m. Monday through Friday (except holidays) and should contact the Shelter Liaison at (703) 746-5902.

Eligibility Screening and Referral

Eligibility Criteria

Emergency Shelter Placement

- Individuals and Families (Adults with minor children)
- Meet HUD’s definition of literally homeless or at imminent risk of homelessness
- No other immediate place to stay
- No other housing options
- No financial resources for housing

Diversion Services

- At imminent risk of homelessness or fleeing domestic violence
- Household income below 50 percent Area Median Income, set by HUD at <http://www.huduser.org/portal/datasets/il.html>
 - Has \$500 or less in assets after expenses. Assets include:
 - Cash on-hand
 - Checking and savings accounts
 - Certificates of Deposit
 - Stocks and bonds
 - Deeds of Trust

- Real Property
- Retirement accounts, including IRA, 401ks, 457s, and SEP accounts

NOTE: (This does not include primary, appropriate, and reasonable transportation, pension or retirement funds that cannot be accessed or primary residence for eligible mortgage assistance.

- Currently has safe living accommodations in one of the following: a) temporary housing that can be maintained for a minimum of two weeks, or b) permanent housing that can be maintained with financial assistance and/or case management services
- No other housing options and lack financial resources for housing

Eligibility Screenings are conducted in person for individuals and families seeking shelter.

Individuals

The Program Coordinator schedules the eligibility screening appointments for individuals by phone. If an individual walks in seeking shelter services, the Program Coordinator will immediately schedule an eligibility screening appointment. In the event the Program Coordinator is not available or the person will be directed to call the HSAC telephone number to schedule an appointment.

Eligibility Screenings may be conducted by phone for persons being discharged from the following agencies/institutions: the City of Alexandria DCHS Community Services Board Mental Health and Substance Abuse Services; the City of Alexandria Detention Center/Jail; the City of Alexandria Criminal Justice Services (local probation); the Virginia Department of Corrections City of Alexandria Office of Probation and Parole; the U.S. Department of Veteran Affairs; and local hospitals serving City of Alexandria residents including state and private psychiatric facilities.

If an individual misses his/her shelter screening appointment, he/she is ineligible to return to HSAC for 30 days from the missed appointment date. Exceptions may be made based on the circumstances beyond individual's control.

Individuals who did not attend the intake appointment, refused emergency shelter services, or did not return the shelter intake appointment phone call within the 2 hour timeframe are ineligible for shelter screening for 30 days. Exceptions may be made based on the circumstances beyond the individuals' control.

Families

The Shelter Liaison or the DCHS Call Center staff schedule eligibility screening appointments for families by phone. In the event a family walks in seeking shelter, the Shelter Liaison or OCS backup staff will immediately conduct an Eligibility Screening or schedule an appointment for a later time if time does not permit.

If a family's head household misses his/her shelter screening appointment, he/she is ineligible to return to HSAC for 30 days from the missed appointment date. Exceptions may be made based on the circumstances beyond head of household's control.

Households who did not attend the intake appointment, refused emergency shelter services, or did not return the shelter intake appointment phone call within the 2 hour timeframe are ineligible for

shelter screening for 30 days. Exceptions may be made based on the circumstances beyond the households' control.

Safety Risk Screenings

During the initial contact (phone call or walk-in), HSAC staff assess for the following safety risks:

Domestic Violence

Persons seeking emergency shelter complete an unidentified Personal Safety Questionnaire to assess the need for domestic violence shelter and/or police intervention. Prior to collecting any identifying information HSAC staff ask the following questions:

1. Are you in a safe place to talk? (Callers only.) (If no, the caller is asked to go to a safe place. If the caller is unable to find a safe place, s/he is asked if there is a need for police intervention.)
2. Why are you looking for shelter?
3. Are you afraid of anyone in your home?
4. Has anyone physically assaulted you or touched you in a harmful way at this address recently?

If "yes" is answered to questions 3 or 4 or there is otherwise an indication an immediate experience of domestic violence the screening is stopped and the caller is directed to the Domestic Violence Hotline, 703-746-4911. The completed Personal Safety Questionnaire is kept in a separate file and the data is not entered into HMIS. NOTE: Persons who are determined by the Domestic Violence Program to be ineligible for their services are redirected to HSAC.

Sex Offenses

Because the City of Alexandria emergency shelters do not currently serve convicted sex offenders or persons who are listed on the National Sex Offender Registry, a sex offender screening is conducted to determine if alternative services are available when emergency shelter placement is not appropriate. After completing the Personal Safety Questionnaire, HSAC staff check the National Sex Offender Registry and ask the caller if s/he or any other adult in the household has ever been convicted of a sex offense. If the answer is "yes" to either, the Eligibility Screening can be conducted over the phone to assess for the appropriateness of diversion services. In the event the person is ineligible for diversion services or if emergency shelter services are most appropriate, HSAC staff will endeavor to link them to other resources. If there is an indication of a sexual offense that did not lead to a conviction or a listing on the National Sex Offender Registry, the HSAC staff will conduct the Eligibility Screening by phone and alert each emergency shelter point-of-contact by phone of this concern.

Eligibility Screening Appointment

During the eligibility screening appointment the HSAC staff interview individuals and adult family members, collect household data, complete the screening forms, assess household need, determine priority ranking (if applicable), and make appropriate referral assignments to diversion services or emergency shelter.

When emergency shelter placement is appropriate, HSAC staff assign priority ranking based upon the following factors:

Priority Placement Ranking Factors

1. Literally Homeless (10 points)
2. Veteran (10 points)
3. Institutional Discharge (10 points)
 - a. City of Alexandria DCHS Community Services Board Mental Health and Substance Abuse Services
 - b. City of Alexandria Detention Center/Jail
 - c. City of Alexandria Criminal Justice Services (local probation)
 - d. Virginia Department of Corrections City of Alexandria Office of Probation and Parole
 - e. U.S. Department of Veteran Affairs
 - f. Local hospitals serving City of Alexandria residents including state and private psychiatric facilities
4. Expectant Mothers (5 points)

HSAC staff place households on the Emergency Shelter Referral List in the following order: 1) City of Alexandria residents, and 2) by total points from the above ranking factors (from the highest to the lowest). When priority placement is not applicable, households are placed in chronological order by referral date.

Referral

HSAC staff ensure that the Eligibility Screening packet is completed for all households seeking shelter placement and that a copy is transferred to diversion services or emergency shelter staff as applicable.

Immediately following each eligibility screening interview and referral determination, HSAC staff enter household data into the HMIS database, creating an HSAC program entry, and entering related need/service transactions, which generate an e-mail notification alerting DCHS/OCS staff of the need for diversion services or the emergency shelters of the need for bed space. The referred household is simultaneously electronically placed on the HMIS Outstanding Referral Report, which is accessible by the DCHS/OCS, emergency shelter and HSAC staff.

The Need Note in HMIS includes the following information:

1. Contact Information and Related Special Instructions
2. Priority Ranking
3. Referral Source
4. Special Accommodations (e.g., bunk placement, medical needs, etc.)
5. Household Size (Families)
6. Gender (Individuals)
7. Pregnancy (Single Unaccompanied Females)

Diversion Services

The HMIS Outstanding Referral Report is the primary referral notification for diversion services. Additionally, HSAC staff maintain an excel-based Diversion Services Referral List and e-mail a copy to diversion services staff once daily when there have been additions.

Emergency Shelter Services Referral

HSAC staff maintain two excel-based Emergency Shelter Referral Lists – one for individuals and another for families, which are regularly updated.

HSAC-Individuals use the ESRL as the primary notification of referral and it is e-mailed to the Emergency Shelter Listserv twice daily at 10 a.m. and 6 p.m. Monday through Friday (except holidays). The HSAC- Individuals Emergency Shelter Referral List sent at 10 a.m. reflects any individual placed by ACS after 6 p.m. the night before until 10 a.m. the next morning. The Emergency Shelter Referral List sent at 6 p.m. reflects households that have completed an Eligibility Screening as well as those that have been placed by CS and ACS throughout the day.

HSAC-Families used the ESRL to determine the order in which households are referred to emergency shelter for an intake appointment.

The Emergency Shelter Referral Lists summarize the referral information specifying:

1. Referral Date
2. Head of Household HMIS Record Number
3. Contact Information and Related Special Instructions
4. Priority Ranking
5. Referral Source
6. Special Accommodations (e.g., bunk placement, medical needs, etc.)
7. Household Size (Families)
8. Gender (Individuals)
9. Pregnancy Information (If applicable)

Emergency Shelter Listserv

Centralized Intake System key component staff utilize the Emergency Shelter Listserv to provide e-mail notice of the scheduling of an intake appointment to accommodate the flexibility of emergency shelter intake appointments, to best reflect the most current status of households on the Emergency Shelter Referral Lists and to prevent a duplication of efforts by the emergency shelters. HSAC staff will use this information when updating the Emergency Shelter Referral Lists, which also serve to provide real time information to other emergency shelter staff who may be attempting to contact the same person.

The HMIS-generated e-mail message which may serve as an optional secondary notification of referral advises the emergency shelter and diversion services staff that a household has been referred and to check the Outstanding Referrals Report for additional information. The referral is attached to the “need” and subsequently the “service”, therefore, the client name will remain on the Outstanding referral until the service and/or need is closed.

Client-Initiated Follow-up

While awaiting emergency shelter placement, individual and adult family members must contact HSAC staff on a weekly basis to verify their on-going household need and to provide status updates of outstanding tasks (e.g., applications for benefits, identification cards, etc.) Households must immediately inform HSAC staff of any change of circumstances (i.e., household composition, income, living situation, etc.) If there is a lapse in contact of two weeks or more, the household is

removed from the Emergency Shelter Referral List and the HMIS Outstanding Referral Report. If removed for any reason, the household must be re-screened for eligibility in order to receive services.

Intake

Diversion Services Intake

When diversion services are appropriate, DCHS/OCS staff conduct an intake and determine the enrollment in the appropriate homeless prevention program to provide financial assistance and/or case management services on a "first come, first served" basis. DCHS/OCS staff send an e-mail to HSAC staff requesting the Eligibility Screening Packet immediately upon scheduling the intake appointment. Immediately following each intake, diversion services staff enter household data into the HMIS database, creating a program entry, and entering related service transactions, which simultaneously remove households from the HMIS Outstanding Referral Report.

Emergency Shelter Intake

Emergency shelter staff schedule intake appointments for individuals in the order in which they appear on the Emergency Shelter Referral List based upon appropriate bed space availability. Immediately upon scheduling an intake appointment, emergency shelter staff e-mail HSAC – Individuals' requesting the Eligibility Screening Packet.

Emergency shelter staff contacts HSAC –Families when a family space becomes available and inform the HSAC staff of the intake appointments schedule. HSAC- families reviews the ESRL and determines the household to refer based on residency, priority, and bed space availability. The head of household is contacted and informed of the space available and intake appointment. HSAC- families staff then contact the Emergency Shelter staff confirming the intake appointment and emails the Screening Packet to the Emergency shelter staff.

Emergency shelter staff contact the individuals and HSAC- families staff contact the families to inform them of bed availability and to schedule an intake appointment. By scheduling the appointment, the household is accepting shelter placement. If the designated household point of contact is not available, HSAC staff will leave a message with instructions to return the call within two (2) hours. If contact is not made within this timeframe, the bed space will be forfeited. If a household is more than two (2) hours late for a scheduled intake appointment, the household will be considered a "no show" and the bed space will be forfeited. In order to access services, the household must be re-screened for eligibility. The Emergency shelter staff will report back to HSAC staff on the status of the intake.

If bed space is not available, the household remains on the Emergency Shelter Referral List until the next appropriate availability.

Intake Appointment

At the intake appointment, the Emergency Shelter staff complete the Intake Assessment and other program related forms. The household receives an emergency shelter orientation, which includes review of the resident handbook and shelter policies and procedures, tour of the facility, and bed assignment. Within 48 hours of intake, the emergency shelter case manager coordinates a meeting with the household and other key shelter staff to develop a permanent housing plan. All children receive a service needs assessment within five (5) days of intake.

Immediately upon intake completion or by the next business day emergency shelter staff send an e-mail notification to HSAC staff. The HSAC staff then exit the household in HMIS and remove the name from the Emergency Shelter Referral List.

Emergency Shelter staff enter the resident data into HMIS within 24 hours of intake or the next business day and create and maintain a resident case file.

Weekend/After Hours Intake Appointments (Alexandria Community Shelter ONLY)

Alexandria Community Shelter will conduct intake appointments if bed space becomes available after hours or over the weekend.

F. CRITERIA

Homeless Management Information System – The Homeless Management Information System Data Entry Workflow is applied for this procedure.

Homeless Prevention Programs –The Homeless Prevention Programs standard operating procedures are applied for this procedure.

Unaccompanied Expectant Mother Accommodations –The Alexandria Community Shelter and Carpenter’s Shelter place a pregnant woman in a bottom bunk bed space for individuals at any stage of her pregnancy. If her stage of pregnancy is seven (7) months or later, the emergency shelter staff contact the Shelter Liaison to request a transfer to family bed space based on the availability and the Family Emergency Referral List. In the event that family bed space is not available by the time she gives birth, Carpenter’s Shelter, if within capacity, will provide an emergency family room for up to 30 days.

Emergency Shelter Suspension Policy – This addresses re-access and the length of suspension for households that have been terminated for cause. Residents will be suspended from all shelter programs if they commit a serious offense at any shelter program in the City of Alexandria’s Continuum of Care.*

The suspension will be for a period of one year. After the one-year suspension, the resident may be ineligible to return to the shelter where the offense occurred. The except will be if the suspension is due to an assault of a staff member and the staff member is still employed there, the individual may be ineligible to return and this status will be noted in HMIS.

Serious offenses consist of:

1. Physical violence or threatening behavior against other residents and/or staff that results in the need to contact the police.
2. Destruction of shelter property.
3. Weapons on the property.

If a No-Trespassing Order is completed by the police, the suspension will be for a period of two years.

Additional suspension will occur as follows:

1. Possession of drugs or alcohol - Suspension of 6 months.

**Exceptions may be made on a case by case basis if an individual can demonstrate progress as it relates to their Individual Housing Plan (IHP) since their last shelter stay. Appeals to the shelter suspension policy will be heard by the Housing Crisis Response Workgroup (HCRW).*

Emergency Shelter Return Policies - These address re-entering the emergency shelter system after having exited. Shelters determine when residents are eligible to return to shelter by the number of times they have been discharged from any shelter in the continuum effective from 9/4/12:

Alexandria Community Shelter

First and Second discharge from Shelter.....30 day stay-away period
Third, Fourth and Fifth discharge from Shelter.....3 months stay-away period
Sixth and Beyond discharge from Shelter.....6 months stay-away period

Carpenter's Shelter

First, Second, Third, Fourth, and Fifth discharge from Shelter.....3 months stay-away period
Sixth and Beyond discharge from Shelter.....6 months stay-away period

**Exceptions may be made on a case by case basis if an individual can demonstrate progress as it relates to their Individual Housing Plan (IHP) since their last shelter stay. Appeals to the shelter Return Policy are presented to the Housing Crisis Response Workgroup (HCRW).*

****** The amount of time a person must be away from the emergency shelters before they are eligible for re- entry into the shelter and pending eligibility to be placed on HSAC's waitlist.

HMIS Data Entry: Suspensions and returns are recorded in HMIS under *Incidents* as follows:

- 1 = Stay Away of 30 or 90 days
- 2= Stay Away of 6 months
- 3= Suspension of 6 months
- 4= Suspension of 1 year
- 5= No trespassing/Barment Notice of 2 years

Hospital Stay: If a resident is hospitalized, their bed may be held for up to two weeks dependent upon: (1) the resident is eligible to return to shelter and (2) has valid discharge paperwork with the official discharge date and time. If a hospitalization exceeds two weeks then a referral to HSAC will be made and the Emergency Shelters Return Policy is waived. When available, Winter Shelter may be utilized until shelter space is available. Emergency Shelter Staff is expected to have contact with the resident and/or hospital staff to monitor the status of the resident.

Detox Program Stay: If a resident enters detox care, their bed may be held for up to seven days providing: (1) the resident is eligible to return to shelter and (2) has valid discharge paperwork with the official discharge date and time. If a detox stay exceeds seven days then a referral to HSAC will be made and the Shelter Return Policy is waived. When available, Winter Shelter may be utilized until shelter space is available. The shelter Case Manager contacts the detox staff every 48 hours to confirm that the resident is still at detox. If a resident agrees to go to detox, but a bed is not readily available, shelter staff will contact the Detox Team Leader for assistance.

**The above Detox Program Stay policy is not applicable to Carpenter's Shelter due to its Zero Tolerance Policy for drugs and/or alcohol. Residents are encourage and supported to contact City of Alexandria Detox for services. All residents are informed and provided with a copy of the policy which states that they will lose their bed-space if there is a breach.*

G. RECORDS MANAGEMENT

The list below provides the names of the forms utilized in the Housing Crisis Response System and the location(s) where the original and/or copies will be housed. Homeless Services Assessment Center (HSAC) and Emergency Shelter (ES):

1. Personal Safety Questionnaire (HSAC)
2. Individual Eligibility Screening (HSAC, ES)
3. Family Eligibility Screening (HSAC, ES)
4. Individual Intake Assessment (ES)
5. Family Intake Assessment (ES)
6. Child's Assessment (ES)

Electronic client records are maintained in the web-based Homeless Management Information System (HMIS) database, ServicePoint. Hardcopy forms are maintained in household case files, which are maintain for five years.

QUALITY CONTROL & QUALITY ASSURANCE

The Centralized Intake System key component staff will convene quarterly review meetings. The Governing Board for the Partnership to Prevent and End Homelessness in the City of Alexandria is establishing an Oversight Committee.



The Partnership to Prevent and End Homelessness
in the City of Alexandria



City of Alexandria, Virginia
Department of *Community and Human Services*
Center for *Economic Support*
Office of Community Services

Homeless Prevention Programs Policies and Procedures Manual

Homeless Prevention Program (HPP) and the Emergency Solutions Grants (ESG) to nonprofit agencies and local governments in its state-wide efforts to prevent and end homelessness. Through the provision of financial assistance and housing-focused case management services these grants address the critical housing needs of individuals and families experiencing homelessness and those at-risk of becoming homeless throughout the Commonwealth of Virginia.

The City of Alexandria's HPP and ESG are administered through the Department of Community and Human Services/ Center for Economic Support/ Office of Community Services and coordinated with the Continuum of Care. The funds are available to Alexandria residents who are at imminent risk of becoming homeless. Because of the variations in program eligibility, once application has been made and eligibility factors have been documented, the information submitted by the applicants will be reviewed to ensure the appropriate program utilized. The City of Alexandria is responsible for payment of financial assistance and provision of housing-focused case management services available to eligible households.

Homeless Prevention Program and Emergency Solutions Grant- Homeless Prevention (ESGHP)

Eligible Activities

HPP and ESGHP fund one or more of the following activities:

- Financial assistance - rental application fee, rent/arrears, and/or utilities to participants below 50% of the AMI (HPP) or below 30% of AMI (ESGHP) as published by the U.S. Department of Housing and Urban Development.

Alexandria city, Virginia										
FY 2013 Income Limit Area	Median Income	FY 2013 Income Limit Category	1	2	3	4	5	6	7	8
Alexandria city	\$107,300	Very Low (50%) Income Limits	\$37,600	\$42,950	\$48,300	\$53,650	\$57,950	\$62,250	\$66,550	\$70,850
		Extremely Low (30%) Income Limits	\$22,550	\$25,800	\$29,000	\$32,200	\$34,800	\$37,400	\$39,950	\$42,550

- Housing-focused case management services to assist participants in stabilizing housing – caseworker coordinates and monitors delivery of housing stability services to applicants/ participants of HPP and ESGHP.

Program Participants Eligibility

- City of Alexandria residents;
Residents of other jurisdictions which do not have available funds may apply in Alexandria. City of Alexandria residents are prioritized.
- Lease holders of existing or approval for new unit; lease must be in compliance with tenant/landlord laws;
- Income below 50 % (HPP) or 30% (ESGHP) of AMI;

Gross monthly income must be verified for all members of the household and converted into anticipated annual income. Current paystubs or statements from the employer are typical verifications for earned income. An entitlement letter is generally used for unearned income such as Social Security.

- At imminent risk of becoming homeless;
No other appropriate housing options have been identified; and
Lacks the financial resources and support network to obtain or maintain permanent housing
- Assets cannot exceed \$500 (determined by a budget analysis);
All resources must be documented. Current bank statements must be obtained and reviewed. Questions that arise from review of the statements, such as unusual deposits and withdrawals must be discussed. This does not include primary, appropriate, and reasonable transportation, pension or retirement funds that cannot be accessed.
Assets that are available to the household, include, but not limited to:
 1. Cash on-hand
 2. Checking and saving accounts
 3. Certificates of Deposit
 4. Stocks, bonds, mutual funds
 5. Deeds of Trust
 6. Real estate
 7. Motor vehicles in excess of reasonable transportation
 8. Retirements accounts, including IRA, 401ks, 457s, and SEP accounts
- Must have at least 1 high risk factor or 2 or more of the moderate risk factors (HPP only see attached chart); and
- Household agrees to sign all required forms including, but not limited to, the application, any assessment forms, DHCD program forms, Release of Information, and HMIS Notification.

Financial Assistance

- Financial assistance is provided in the minimum amounts required to prevent homelessness.
- HPP financial assistance does not exceed 9 months per incident, including rent, rental arrears, and utilities.
- ESGHP financial assistance does not exceed 9 months (local preference).
- Financial assistance for any portion of the month counts as a month toward the time limit.
- HPP requires a at least a two-month lapse of financial assistance between incidents.
- Financial assistance cannot be made on behalf of a program participant for the same cost and period that are paid by another entity.
- All Payments are made to third party vendors only.

- All financial assistances are provided as a grant.
- Participants' program eligibility is certified at acceptance into the program, and when applicable, at least once every three months.

Types of Financial Assistance

Application Fee

Application fee is provided, when necessary, to assist participants in paying the landlord, property manager or Property Management Company charges to process a rental application for a new unit.

Rental Assistance

Rental assistance is tenant-based rental assistance that can be used to allow participants to remain in their existing rental units or obtain and maintain new rental units.

- Rental assistance included current and past rental charges and fees associated with arrears including late and legal fees.
- Rental arrears are paid if payment enables participants to remain in unit or needed to move to another unit.
- Rental assistance should not exceed HUD's Fair Market Rent for the City of Alexandria. A HUD FMR worksheet is completed and placed in program participants' files

Final FY2013 FMRs By Unit Bedrooms					
	Efficiency	One-Bedroom	Two-Bedroom	Three-Bedroom	Four-Bedroom
Final FY2013 FMR	\$1,130	\$1,191	\$1,412	\$1,890	\$2,374

- Rental assistance cannot exceed the actual cost. Rent must meet HUD's standard of "rent reasonableness" – total rent charged for a unit must be a reasonable price in relation to the rents being charged during the same time period for comparable units in the private unassisted market and must not be in excess of rents being charged by the owner during the same time period for comparable non-luxury unassisted units. Rent Reasonableness is determined through information found on the Virginia Housing Search website. The property in question is compared to a minimum of three units comparable in location, size, location and amenities. A HUD Rent Reasonableness Worksheet is completed and placed in program participants' files
- HPP - Rent assistance may exceed FMR and "rent reasonableness" if the household will avoid shelter and arrangements have been made to move into a unit that meets FMR and rent reasonableness. Documentation required and placed in HPP program participant's file.
- "Shallow subsidies" or partial payments approach are implemented when appropriate, these amounts are based on household's income and budget analysis – priority is given to budget items such as utilities, food, transportation, insurance, health and child care cost. The goal is to help the household reach a level of stability that will enable the household to pay the full rent once financial assistance has

ended. Participants required to pay a portion of the rent must do so by the 1st of each month and submit a copy of the receipt showing payment.

- Rental assistance amounts are reviewed with participants and documented in participants' files. Any modification of obligated amounts and circumstances are communicated with participants and documented in their files.

Utility Assistance

- Utility payments are made to prevent the participants from becoming homeless.
- Utilities payments are limited to past and current water/sewer, heat/gas, and electricity.
- Utility payments may be made on behalf of program participants with the responsibility of making the payment. Proof of responsibility includes bill in name, cancelled check, documented on bank statement, or receipt.
- ESGHP utility assistance may include up to six months in arrears.
- Virginia Housing Development Authority utility allowance guidelines may be used to determine utility payments.

Financial Assistance Payments

- All payments are made in accordance with the procedures established by the City of Alexandria.
- All arrearages are paid in one lump sum, but current and future payments are paid one month at a time, with the payment contingent upon participants' movement toward housing stability.
- Harmony, a payment system, is used to make payments, accounts for all HPP direct services funds, and generates financial reports.

Property Standards

- All unit must meet be in compliance with the state of Virginia and City of Alexandria housing codes, licensing requirements and any other standards regarding the condition of a structure and the operation of the housing.
- HPP – Habitability standards apply only when a program participant is moving into a new unit.
- ESGHP – Habitability standards apply for new and existing units.
- Basic Habitability Checklist form is completed and included in program participants case files as required.

- Units inhabited by a child younger than six or a pregnant woman must comply with the Lead-Based Paint Inspection requirements. The Lead-Based Paint Visual Assessment Inspection form is completed and included in participants' case files as required by program (HPP – new units; ESGHP – new/existing unit).

Ineligible Activities

HPP and ESGHPP may not be used for the following activities or for any activity that is in violation of federal law or the laws of the Commonwealth of Virginia:

- Services for which Section 8 rental vouchers or other rental subsidies for which fair market rent costs are being provided.
- Rental assistance for non-lease bearing tenants.
- The provision of hotel/motel vouchers.
- Damage costs incurred by the tenant.

Referrals

Residents access prevention services through: 1) department of Community and Human Services via telephone or walk- in, in either case they talk with a trained staff about their situation and the type of assistance needed. If they have an eviction or court notice, then an appointment is scheduled with a caseworker; 2) centralized Intake screened for prevention services and diverts households seeking emergency shelter if appropriate; or 3) self-referral.

Intake

- OCS caseworkers are responsible for interviewing, collecting data, and making eligibility determinations and recommendations of applicants for the prevention programs.
- At interviews, applicants are given a copy of the Program Guidelines and the Appeals Procedures which are verbally reviewed and discussed.
- Utilizing the OCS/ Homeless Services Unit application and other required prevention program forms, all pertinent information and documentation are obtained - demographic information, employment, housing, and income history, cause of their financial crisis, housing stabilization plans, Release of Information, HMIS Notice, etc.
- No applicant is denied the right to complete an application, nor discriminated against because of race, religion, sex or national origin.
- The applicants may be given a request for Verification Form, which list the required documentation and information needed, if not submitted at time of intake, to make an eligibility determination. The following documents are required to determine eligibility:
 - I. Court or eviction notice;
 - II. Income verification
 - III. Assets/Resources: Checking and Saving Statements, etc;

- IV. Lease; and
- V. Documentation of the amount of financial assistance needed to stabilize housing

- Applications are processed within 5 business days from the receipt of all necessary documents and information required to determine eligibility. If the process takes longer, the reason is clearly documented in the applicant's file.
- If an applicant is determined ineligible, the caseworker informs the applicant verbally as well as sends written notification in the form of a letter, stating the eligibility criteria that were not met. The caseworker offers other available programs provided by OCS if it appears the applicant would be eligible. If the household is ineligible for other OCS programs, appropriate referrals are made to other City agencies or community organizations.

Housing Case Management Services

- Once an applicant has been determined to be eligible for HPP, the caseworker notifies the applicant in a letter and via telephone. Case management services are provided as appropriate.
- Housing case management services are participant centered. It starts with the participants and uses the program and community's resources to help participants achieve their goals of remaining permanently housed.
- Caseworkers meet with participants minimally on a monthly basis to review permanent housing and sustainability plans, gather current information, and ensure rent and utilities are current and budget maintained. At this time, program participants may also be referred to appropriate services and resources. Documentation of these meetings is kept in program participants' case files.
- Case management services are documented in the participant's electronic and paper case files. Case management is organized into several phases:
 1. Assessment – gathering and evaluating data, including identify motivations, strengths, barriers, and resources;
 2. Planning – caseworker and participant develop the housing stability plan – set short-term SMART goals, identify actions steps, set timetables, and identify responsible parties. Planning is based on assessment.
 3. Arranging resources – linkages to resources that support the housing stability.
 4. Progress/Follow-up – case worker provides ongoing support. Meets at least 1 time per month face to face with participant. Assess for progress on the plan- modify and rearrange resources if necessary. Monitoring and evaluating for sustainability is ongoing - income, type and length of employment, advocacy with landlord, improvement in health (if illness impact sustainability).
 5. Termination –participant and caseworker discuss ending of services. Caseworker contacts participants at six and twelve month after the end of services for housing status.

Recertification

- Every 90 days a review is completed, including income eligibility. The Minimum Requirements Form with documentation of income and assets and an updated Housing Stabilization Plan shall be completed.

- Households are required to report changes in composition and income. These changes are evaluated by caseworker to determine the effect on eligibility, if any.
- Households are given notice when a case is to be closed. If the household wants to appeal the decision, the process is to be followed.

Termination of Participation

- All applicants receive and acknowledge receipt of written notification of the prevention program guidelines, and Appeals Procedures at the intake interview.
- Participants have the right to terminate assistance at any time. Although it is not necessary, program participants are encouraged to submit written notification of voluntary termination.
- Applicants certify that the information provided at intake and throughout the duration of services is accurate. If an applicant/participant chooses not to cooperate with staff or provides inaccurate information, further assistance may not be provided and a termination letter will be sent to the applicant/participant.
- Assistance may be terminated and case closed if participant fails to engage in activities/services to maintain and/or obtain permanent housing.
- If an applicant/participant threatens acts of violence, either expressed or suggested, on persons or property, assistance may be terminated.
- Program participants who receive the maximum financial assistance will be terminated.
- If an applicant/participant disputes a determination of ineligibility or termination of assistance, he/she has the right to initiate the Appeals Procedures.

Appeals Procedures

Appeals Procedures give the applicants/participants the opportunity to present written and/or oral objections to any decision to the Assistant Director of the Office of Community Services.

- Before initiating the Appeals process, the program applicant/participant must contact the Homeless Services Coordinator (HSC) to discuss the case and decision. The applicant/participant may then initiate the Appeals Procedures.
- The applicant/participant must complete and submit the Appeals Form to the HSC within 5 business days of contact. Any applicant/participant with language or literacy barriers may receive assistance in completing the Appeals Form. No new information or documentation may be introduced at the hearing stage.
- Within 5 business days of receipt of the request, the Assistant Director of the Office of Community Services schedules a hearing and renders a final and irreversible decision within 5 business days of the

formal hearing. The decision stating the basis for the decision is provided in writing to the applicant/participant.

Ensuring Confidentiality

- At a minimum, all client paper files and records are secured when not in use in a locked file cabinet.
- Client records and files are stored electronically in Harmony and HMIS and password protected and only accessed by authorized agency personnel.
- Confidentiality statements are signed by any staff or volunteers who have access to participant information.
- Uniform Release of Information and HMIS Notification forms are signed by participants authorizing to the exchange of case related information with other agencies as appropriate.
- Participants' files are closed at the end of services.
- Participants' files are maintained for a minimum of five years.

Homeless Management Information System

All participants who receive financial assistance and/or case management services data is inputted into HMIS within the required timeline.

Reports

Reports are submitted to DHCD as required.

Non-discrimination and Equal Opportunity Requirements

The operation of the program will comply with all applicable fair housing and civil rights requirements in 24 CFR 5.105(a) and will make services and assistance available to all on a nondiscriminatory basis.

Affirmatively Further Fair Housing

The program administration will operate in such a manner as to affirmatively further fair housing opportunities for classes protected under the Fair Housing Act. Protected classes include race, color, national origin, religion, sex, disability and familial status.

Conflict of Interest

The Program administration shall comply with 24 CFR 84.42 with respect to use of HPP and ESG funds to procure services, equipment, supplies or other property. No person who is an employee, agent, consultant, contractor who exercises any functions or responsibilities with respect to assisted activities or who is in a position to participate in the decision making process, may obtain a personal or financial interest or benefit from the activity, or have an interest in any contract, subcontract, or agreement with respect thereto, or the proceeds thereunder, either for himself or herself or for those with whom he or she has family or business ties during his or her tenure or for one year after.



**The Partnership to Prevent and End Homelessness
in the City of Alexandria**

***STRATEGIC PLAN TO PREVENT AND END
HOMELESSNESS IN THE CITY OF ALEXANDRIA,
VIRGINIA***

FY2014 – FY2020

VISION

Within the City of Alexandria, no one should experience homelessness - no one should be without a safe, suitable, and stable place to call home

MISSION

To ensure the planning, coordination, and implementation of an effective and efficient continuum of care to prevent and end homelessness in the City of Alexandria, Virginia

HISTORY

The original Ten Year Plan to End Chronic Homelessness and Other Forms of Homelessness was approved by the *Homeless Services Coordinating Committee (HSCC)* October 2004 and by the Alexandria City Council on March 8, 2005. The plan was updated, renamed the Strategic Plan to Prevent and End Homelessness in the City of Alexandria, VA, and adopted by the HSCC on October 19, 2010.

The *Ten Year Plan to End Chronic Homelessness and Other Forms of Homelessness*, approved by City Council in March 2005, set an ambitious agenda for the homeless services providers. The *Homeless Services Coordinating Committee* was determined to end homelessness in the City of Alexandria by: planning for outcomes through data collection and analysis; “closing the front door” by preventing homelessness; “opening the back door” by creating permanent housing; and building the infrastructure by maximizing mainstream resources. At the midway point of the *Ten Year Plan*, the HSCC revised its goals and strategies, adopting the *Strategic Plan to Prevent and End Homelessness in the City of Alexandria*. The goals aligned with the City Council’s Strategic Plan initiatives and Opening Doors: Federal Strategic Plan to Prevent and End Homelessness.

During the first five years, the HSCC accomplished the following:

- Established a Homeless Management Information System (HMIS) utilized by all emergency shelter, transitional, and permanent housing programs in the City of Alexandria to provide real time reports and data collection;
- Utilized HMIS and other data to determine priorities for annual gap analyses;
- Initiated discharge planning protocols with local systems of care (criminal justice, medical and psychiatric hospitals, youth and mental health) to prevent individuals from being discharged into homelessness;
- Successfully advocated for funding and implementation of the Alexandria Community Services Board’s Safe Haven program providing 12 beds for homeless individuals with a mental illness or co-occurring mental illness and substance use disorders and unable to utilize current emergency shelter system;

- Trained staff in Disability and Presumptive Decision Making to increase the numbers of homeless individuals receiving entitlements, disability and other mainstream benefits;
- Revised HSCC By-Laws and Mission Statement and restructured the HSCC to be the City of Alexandria's Continuum of Care entity as required by the Department of Housing and Urban Development;
- Increased active participation of HSCC membership resulting in a coordinated annual homeless point in time count, identifying gaps in services, prioritizing needs and coordinating grant applications to the Department of Housing and Urban Development;
- Developed strong relationship with ARHA resulting in additional Housing Choice Vouchers set aside for the persons experiencing homelessness and/or persons experiencing serious mental illness.

In 2012, the HSCC adopted a new name - *The Partnership to Prevent and End Homelessness in the City of Alexandria (The Partnership)* - more reflective of their mission. Since that time, accomplishments have included:

- Reduction in overall homelessness within the City of Alexandria;
- Active participation in the development of the adopted Housing Master Plan;
- Creation of a centralized assessment system for persons seeking homeless services;
- Increase in the breadth of membership on The Partnership;
- Creation of Rapid Re-housing programs;
- Increase in Homeless Prevention resources;
- Increase in the quality and scope of data collection as a result of the creation of a position dedicated to data collection and analysis;
- Increase in the number of beds dedicated to chronically homeless individuals;
- Collaboration on regional homeless strategies and initiatives;
- Participation in the development of the new commission on children and youth; and
- Advocacy surrounding affordable housing and homelessness issues at a federal, state and local level;

MEMBERSHIP

Alexandria DCHS/Center for Aging and Adult Services
Alexandria DCHS/Center for Economic Support
Alexandria DCHS/Center for Children and Families
Alexandria City Public Schools
Alexandria Code Enforcement
Alexandria Community Services Board
Alexandria Department of Health
Alexandria Domestic Violence Program
Alexandria Fire and EMS Department
Alexandria Housing Development Corporation
Alexandrians Involved Ecumenically
Alexandria Neighborhood Health Services, Inc.
Alexandria Office of Housing
Alexandria Police Department
Alexandria Redevelopment & Housing Authority
Arlington-Alexandria Coalition for the Homeless
Carpenter's Shelter
Catholic Charities of the Diocese of Arlington
Christ Church Lazarus Ministry
Community Lodgings, Inc.
Community representatives
Diocese of Arlington - Christ House Men's Shelter
Friends of Guest House
Homeless Consumer Representatives
INOVA Alexandria Hospital
JobLink/Workforce Investment Board
K.I. Services, Inc.
New Hope Housing, Inc.
Northern Virginia Affordable Housing Alliance
Offender Aid and Restoration
Partnership for a Healthier Alexandria
Salvation Army Transitional Housing
United Way of the National Capital Area
Veterans Administration-Northern Virginia
Wesley Housing Development Corporation
Virginia Department of Corrections

Strategies for FY2014

Strategies are developed annually and incorporated into the City's Consolidated Plan action planning process.

GOAL 1: INCREASE LEADERSHIP, COLLABORATION, AND CIVIC ENGAGEMENT

Objective 1: Provide and promote collaborative leadership at all levels of government and across all sectors to inspire and energize Alexandrians to commit to preventing and ending homelessness

Strategy: Engage City Council in the adoption of the *Strategic Plan to Prevent and End Homelessness in the City of Alexandria*

Strategy: Disseminate information to local media to develop stories on the homeless issue in Alexandria and successful efforts to address the problem

Strategy: Develop a fact sheet on homelessness in Alexandria and disseminate at community meetings and events

Objective 2: Strengthen the capacity of public and private organizations by increasing knowledge about collaborations, homelessness, and successful interventions to prevent and end homelessness

Strategy: Identify private organizations that address issues affecting the homeless and create opportunities to share information

Strategy: Coordinate with the various groups within the City who are developing strategic plans that impact homeless individuals/families and those at risk of becoming homeless

Strategy: Work more closely with ARHA to identify available resources and assist them in achieving their goals

GOAL 2: INCREASE ACCESS TO STABLE AND AFFORDABLE HOUSING

Objective 1: Provide affordable housing to people experiencing or most at risk of homelessness

Strategy: Work with City Council to strengthen and implement the Alexandria Housing Master Plan, including the dedication of funding to affordable housing

Strategy: Support the increase of recommended funding to subsidy programs, including the Rent Relief Program for seniors and permanently disabled individuals, to prevent homelessness

Strategy: Identify and coordinate with private groups providing funds to those at risk of homelessness

Strategy: Educate property managers about the resources available to tenants at risk of losing their housing

Strategy: Establish peer support and mentoring resources for persons living in independent supportive housing

Objective 2: Provide permanent supportive housing to prevent and end chronic homelessness

Strategy: Increase the inventory of beds, designated for chronically homeless persons within our community

Strategy: Improve access to and use of supportive housing by encouraging prioritization and targeting for persons who need this level of support

Strategy: Work with Volunteer Alexandria and other organizations to develop a volunteer network to support homeless individuals and families moving to permanent housing

Objective 3: Advance housing stability for youth aging out of the foster care and juvenile justice systems and persons who are being discharged from hospitals and criminal justice institutions.

Strategy: Actively participate in discharge planning initiatives with foster care, hospitals, psychiatric facilities, jails and prisons.

Strategy: Research and implement best practices

Strategy: Work with Alexandria City Public School system to provide supportive services to youth who are experiencing homelessness or at risk of becoming homeless

GOAL 3: INCREASE ECONOMIC AND HEALTH SECURITY

Objective 1: Increase meaningful and sustainable employment for people experiencing or most at risk of homelessness

Strategy: Enlist the active support of JobLink to develop employment strategies for those persons experiencing or at greatest risk of homelessness

Strategy: Improve coordination and integration of employment programs with homelessness assistance programs

Objective 2: Improve access to mainstream programs and services to reduce people's financial vulnerability to homelessness

Strategy: Ensure that the DCHS CommonHelp representative educates homeless services organizations about the on-line access for benefit program applications

Strategy: Actively assist with participation in benefit programs and expanded health care enrollment as part of individual housing/service plans

Strategy: Partner with private groups to reach out to people assisted by those groups to offer assistance in enrolling for public services

Strategy: Explore potential for development of a credit repair program for persons experiencing homelessness

Objective 3: Integrate primary and behavioral health care services with homeless assistance programs and housing to reduce people's vulnerability to and the impacts of homelessness

Strategy: Explore expansion or increase community utilization of the Arlandria Neighborhood Health Inc. (ANHSI) initiative that provides integrated primary and behavioral health services

Strategy: Develop a mechanism to collaboratively utilize the continuum's existing health-related resources

GOAL 4: RETOOL THE HOMELESS CRISIS RESPONSE SYSTEM

Objective 1: Transform homeless services to crisis response systems that prevent homelessness and rapidly return people who experience homelessness to stable housing

Strategy: Increase the availability of Rapid Re-Housing resources to allow for increased permanent housing opportunities and the reduction of homelessness within the community

Strategy: Identify housing locator resources in Alexandria to coordinate their efforts and identify best practices in encouraging private landlords to participate in the Rapid Re-Housing program

The Partnership to Prevent and End Homelessness in the City of Alexandria

NOTICE OF CONTINUUM OF CARE PLANNING ACTIVITIES 2013

The Partnership to Prevent and End Homelessness in the City of Alexandria (The Partnership), is a broad, diverse group of community stakeholders working together to meet the challenges of providing prevention and homeless services to persons at-risk or experiencing homelessness in the City of Alexandria, Virginia. A major role of The Partnership is to serve as the City of Alexandria's Continuum of Care for the federal and state competitively-awarded housing and services funding for persons experiencing homelessness.

The Partnership is currently engaged in activities related to the Department of Housing and Urban Development's (HUD) 2013 application for funding. The 2013 Notice of Funding Availability (NOFA) is expected in October 2013.

Organizations considering submission of project proposals for the 2013 NOFA must be active members of The Partnership to Prevent and End Homelessness in the City of Alexandria. For membership information, please contact Ann Moore at ann.moore@alexandriava.gov or 703-746-5915. Applicants must demonstrate projects are consistent with the local Consolidated Plan, the community need, and the HUD NOFA priorities. **Deadline for submission of projects to The Partnership for inclusion in the 2013 funding application is three weeks from the date of publication of the 2013 Notice of Funding Availability. All interested organizations should monitor the www.hudhre.info website for NOFA publication information and HUD requirements for project funding.**